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| Fill in this information to identify your case:  |  |
|--|--|
| United States Bankruptcy Court for the:  |  |
| Northern District of Illinois  |  |
| Case number (# known):   | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |
| hannes to the first of the control of the second of the se |  |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

FEB 12 2018

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|  | About Debtor 1:            | A.C. Carlotte                                 |
|--|----------------------------|---|
| . Your full name.  |                            | About Debtor 2 (Spouse Only in a Joint Case): |
| Write the name that is on your government-issued picture   | Tornnetta                  |   |
| identification (for example, your driver's license or  | First name<br>Nicole       | First name                                    |
| passport).<br>Bring your picture   | Middle name<br>Walker      | Middle name                                   |
| identification to your meeting with the trustee.   | Last name                  | Last name                                     |
|  | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| All other names you have used in the last 8  |                            |   |
| years  | First name                 | First name                                    |
| Include your married or maiden names.  | Middle name                | Middle name                                   |
|  | Last name                  | Last name                                     |
|  | First name                 | First name                                    |
|  | Middle name                | Middle name                                   |
|  | Last name                  | Last name                                     |
| entekkopen kuk sentek kontantron kan kontas sekatan kontantronkatik kontan sekatan kontantronkommaka kan sentu |                            |   |
| Only the last 4 digits of  | xxx - xx - 1 4 4 2         |   |
| your Social Security<br>number or federal  | OR                         | XXX - XX                                      |
| Individual Taxpayer<br>Identification number<br>(ITIN)   | 9 xx - xx                  | 9 xx - xx                                     |

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| De   | Ebtor 1 Tornnetta N.   | Walker   | Case number (if known)   |
|------|--|--|--|
|      | First Name Middle Nar  | ne Last Name   |  |
| 2008 |  | neras transacionales parte en esta esta esta esta esta esta esta esta  |  |
|      |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4,   | Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ☑ I have not used any business names or EINs.  | ☐ I have not used any business names or EINs.  |
|      | the last 8 years   | Business name  | Business name  |
|      | Include trade names and doing business as names  |  | _  |
|      | doing business as names  | Business name  | Business name  |
|      |  | EIN  | EIN — — — — — — — — — — — — — — — — — — —  |
|      |  | EIN  | EIN  |
| 5.   | Where you live   | मंत्रीयाणां करिते का का मार्थिय त्यान्याया योगायाच्या प्राव्य प्रस्ति के योगायाच्या प्रस्ति के विशेषक विश्वासी व | If Debtor 2 lives at a different address:  |
|      |  | 7444 C. Joffon, Phys. 24   |  |
|      |  | 7144 S. Jeffery Blvd 2A<br>Number Street   | Number Street  |
|      |  |  |  |
|      |  |  |  |
|      |  | Chicago IL 60649   |  |
|      |  | City State ZIP Code  | City State Zir Code  |
|      |  | Cook   | County   |
|      |  | County   | County   |
|      |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|      |  | Number Street  | Number Street  |
|      |  |  |  |
|      |  | P.O. Box   | P.O. Box   |
|      |  | City State ZIP Code  | City State ZIP Code  |
| 6,   | Why you are choosing   | имент или или может положения положе | вышения выполняющей выполняющей выполняющей выполняющей выполняющей выполняющей выполняющей выполняющей выполн<br>Check one:               |
|      | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   | Over the last 180 days before filing this petition,<br>I have lived in this district longer than in any<br>other district.                 |
|      |  | l have another reason. Explain.<br>(See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|      |  |  |  |
|      |  |  |  |
|      |  |  |  |
|      |  |  |  |

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|  | Name   | Ker<br>Last Nar   | ne   |  | Case number (   | f known)  |
|--|--|---|--|--|---|---|
| Part 21. Tell the Court Ab   | out Your   | Bankru  | iptcy Case   |  |   |   |
| The chapter of the Bankruptcy Code you   | Check for Ban  | one, (Fo  | r a brief description of ear<br>(Form 2010)). Also, go to  | ch, see Not  | lice Required by 1  | 1 U.S.C. § 342(b) for Individuals Filing  |
| are choosing to file<br>under  |  | apter 7   | , 20 10//./ 1100, go to  | me rob or k  | Jage 1 and check  | the appropriate box.  |
| under  |  | apter 11  | 1  |  |   |   |
|  |  | apter 12  |  |  |   |   |
|  |  | apter 13  |  |  |   |   |
| والمراجعة  | The state of the same of the state of the st | *Ptor 10  | alinda pagaaliga kemeda kalandri sikana kalandri sastasi sastenda kesikanda delamba sikandri sastasi sikan del<br>A  | DEDDE Samue preprenting makes  | Salam paramanan kanada kanada kanada (kanada kanada kanada ka   | ge gemeelmen te gegen stadistied to gebreiche van stadische wat die ein werken te verste meen de eerde verste mee   |
| How you will pay the fee   | you sub with  I ne App  I rec By liess pay   | rself, your mitting in a pre-ped to ped to ped to pedication quest that it is the fee | tor more details about by may pay with cash, your payment on your printed address.  The printed address to pay the fee in installment for Individuals to Pay that my fee be waived added may, but is not recommend to the official pover the pay of the official pover the pay in the pay that my fee be waived added to the official pover the pay that my fee be waived added to the official pover the pay that my fee be waived and the pay that my fee be w | now you recashier's a behalf, you may guired to, orthogonal to choose the choose the cashier's assistant as a second control of the choose the cashier's assistant as a second control of the choose the cashier's assistant as a second control of the choose the cashier's assistant as a second control of the choose the cashier's assistant as a second control of the choose the cashier's assistant as a second control of the choose the cashier's as a second control of the choose the cashier's as a second control of the choose the cashier's as a second control of the choose the cashier's as a second control of the choose the ch | may pay. Typica check, or money ur attorney may bu choose this of Fee in Installment request this opwaive your fee, at applies to you his option. You may check the characteristics of | neck with the clerk's office in your ally, if you are paying the fee of order. If your attorney is pay with a credit card or check option, sign and attach the ents (Official Form 103A).  Ition only if you are filing for Chapter is and may do so only if your income is our family size and you are unable to must fill out the Application to Have the with your petition. |
| Have you filed for bankruptcy within the   | □ No   | 1997 H I falle over enganger ger  |  |  |   |   |
| last 8 years?  | ☑ Yes.   | District  | IL Northern  | When   | 08/25/2015<br>MM / DD / YYYY  | Case number 15-29031  |
|  |  | District  | IL Northern  | When   | 02/29/2016  | Case number 16-06832  |
|  |  | Di  |  |  | MM / DD / YYYY  |   |
|  |  | District  |  | When   | MM / DD / YYYY  | Case number   |
|  |  | - 2705 PA A Militaria de magazinado em  | ERECULES AND ALL VII of the control of the STATE AND ARTHUR AND AR |  |   |   |
| HI HANDE AN ARREST AND ARREST AND ARREST AND ARREST |  |   |  |  |   |   |
| Are any bankruptcy cases pending or being  | 2 No   |   |  |  |   |   |
| cases pending or being filed by a spouse who is  | ☑ No<br>☐ Yes.   | Debtor  |  | <b>-</b>   |   | Relationship to you   |
| cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an  |  |   |  |  |   |   |
| cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an  |  | District  |  | When   | MM / DD / YYYY  | Case number, if known   |
| Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  |  | District<br>Debtor  |  | When   | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an  |  | District<br>Debtor  |  | When   | MM / DD / YYYY  | Case number, if known   |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  Do you rent your   | ☐ Yes.   | District  Debtor  District  Go to fin   | ne 12.<br>ur landlord obtained an ev   | When   | MM/DD/YYYY  | Case number, if known   |
| filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an  | ☐ Yes.   | Debtor District  Go to fill Has your residen  | ne 12.<br>ur landlord obtained an ev   | When   | MM/DD/YYYY  | Case number, if known  Relationship to you  Case number, if known   |

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| Debtor 1 Tornnetta N First Name Middle Ne  | I. Walker  Case number (if known)  |
|--|--|
| Part 3: Report About Any   | Businesses You Own as a Sole Proprietor  |
| 12. Are you a sole proprietor  | ☑ No. Go to Part 4.  |
| of any full- or part-time business?  | Yes. Name and location of business   |
| A sole proprietorship is a   |  |
| business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership, or  | Name of business, if any   |
| LLC.   | Number Street  |
| If you have more than one<br>sole proprietorship, use a<br>separate sheet and attach it  |  |
| to this petition.  | City State ZIP Code  |
|  |  |
|  | Check the appropriate box to describe your business:   |
|  | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |
|  | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|  | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |
|  | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |
| and the second s | ☐ None of the above  |
| 3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |
| For a definition of small business debtor, see   |  |
| 11 U.S.C. § 101(51D).  | No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |
|  | ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
| art 4: Report if You Own   | or Have Any Hazardous Property or Any Property That Needs Immediate Attention  |
| . Do you own or have any   | ☑ No   |
| property that poses or is<br>alleged to pose a threat  | ☐ Yes. What is the hazard?   |
| of imminent and identifiable hazard to   |  |
| public health or safety?   |  |
| Or do you own any property that needs  |  |
| immediate attention?   | If immediate attention is needed, why is it needed?  |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  |  |
|  | Where is the property? Number Street   |
|  |  |
|  | City State ZIP Code  |
|  |  |

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Debtor 1

Tornnetta N. Walker

| Case number (if known) |
|------------------------|
|------------------------|

#### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About | Debtor | 1 | : |
|-------|--------|---|---|
|-------|--------|---|---|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before! filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of:                 |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military

duty in a military combat zone. If you believe you are not required to receive a

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit    |
|--|
| counseling agency within the 180 days before I   |
| filed this bankruptcy petition, and I received a |
| certificate of completion.                       |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

#### I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| D         | ebtor 1 Tornnetta N<br>First Name Middle Nam  |  | Case number (# kind   | DWn)   |
|-----------|---|--|---|--|
|           |   |  |   |  |
|           | Part 6: Answer These Que  | stions for Reporting Purpose   | s   |  |
| 16        | 3. What kind of debts do  | 16a. <b>Are your debts primaril</b><br>as "incurred by an individual                       | y consumer debts? Consumer debt<br>primarily for a personal, family, or hous                                      | ts are defined in 11 U.S.C. § 101(8) sehold purpose."  |
|           | ,   | No. Go to line 16b. Yes. Go to line 17.  | ŕ   | ,,   |
|           |   | money for a business of file   | y business debts? Business debts a<br>estment or through the operation of the                                     | are debts that you incurred to obtain business or investment.  |
|           |   | ☐ No. Go to line 16c.<br>☐ Yes. Go to line 17.   |   |  |
|           |   | 16c. State the type of debts you o   | we that are not consumer debts or busi  | iness debts.   |
| 17        | . Are you filing under<br>Chapter 7?  | ☐ No. I am not filing under Chap   | $v_{2000}$ (see Fig. 9). Go to line 18.   | TOTALISM AND THE REPORT OF A MARKET A STORMAN OF THE REPORT OF THE STORMAN AND THE PARKET AND THE PROPERTY OF THE PARKET AND T |
| POLIVER I | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | Yes. I am filing under Chapter administrative expenses a No                                | 7. Do you estimate that after any exem<br>are paid that funds will be available to d                              | pt property is excluded and fistribute to unsecured creditors?   |
| 18.       | How many creditors do you estimate that you owe?  | <ul> <li>✓ 1-49</li> <li>✓ 50-99</li> <li>✓ 100-199</li> <li>✓ 200-999</li> </ul>          | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19.       | How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
|           | How much do you estimate your liabilities to be?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>■ \$100,001-\$500,000<br>□ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million         | ☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion  |
|           | ryou  | I have examined this petition, and I correct   | declare under penalty of perjury that the   | ne information provided is true and  |
|           |   | If I have chosen to file under Chapt   | ter 7, I am aware that I may proceed, if<br>derstand the relief available under each                              | eligible, under Chapter 7, 11,12, or 13<br>h chapter, and I choose to proceed  |
|           |   | If no attorney represents me and I of this document, I have obtained and                   | did not pay or agree to pay someone will read the notice required by 11 U.S.C.                                    | ho is not an attorney to help me fill out § 342(b).  |
|           |   |  | he chapter of title 11, United States Co  |  |
|           |   | with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and                     | n fines up to \$250,000, or imprisonment  | noney or property by fraud in connection tfor up to 20 years, or both.   |
|           |   | * Jonnetta 1   | walker *  |  |
|           |   | Signature of Debtor 1  Executed on   MM / DD / YYY   | Signature of Executed of  | no   |
| 100,000   | Para kana mana kana pangangan pangangan pangan pana kana pangan pangan pangan pangan pangan pangan pangan pang  |  |   | MM / DD / YYYY   |

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| Debtor 1             | First Name Middle Name                            | Walker Case nu  | mber (# known)  |
|----------------------|---|---|---|
| bankrupt<br>attorney | f you are filing this<br>cy without an            | The law allows you, as an individual, to represent you should understand that many people find it extrer themselves successfully. Because bankruptcy ha consequences, you are strongly urged to hire a question.  | mely difficult to represent s long-term financial and legal   |
| an attorn            | represented by<br>ey, you do not<br>le this page. | To be successful, you must correctly file and handle you technical, and a mistake or inaction may affect your right dismissed because you did not file a required document, hearing, or cooperate with the court, case trustee, U.S. to firm if your case is selected for audit. If that happens, you case, or you may lose protections, including the benefit of   | is. For example, your case may be pay a fee on time, attend a meeting or rustee, bankruptcy administrator, or audit u could lose your right to file another   |
|                      |   | You must list all your property and debts in the schedules court. Even if you plan to pay a particular debt outside of in your schedules. If you do not list a debt, the debt may property or properly claim it as exempt, you may not be a also deny you a discharge of all your debts if you do som case, such as destroying or hiding property, falsifying receases are randomly audited to determine if debtors have Bankruptcy fraud is a serious crime; you could be fire | your bankruptcy, you must list that debt<br>not be discharged. If you do not list<br>able to keep the property. The judge can<br>nething dishonest in your bankruptcy<br>cords, or lying. Individual bankruptcy<br>been accurate, truthful, and complete. |
|                      |   | If you decide to file without an attorney, the court expects hired an attorney. The court will not treat you differently be successful, you must be familiar with the United States B Bankruptcy Procedure, and the local rules of the court in be familiar with any state exemption laws that apply.   | ecause you are filing for yourself. To be ankruptcy Code, the Federal Rules of  |
|                      |   | Are you aware that filing for bankruptcy is a serious action consequences?  No  Yes   | n with long-term financial and legal  |
|                      |   | Are you aware that bankruptcy fraud is a serious crime as inaccurate or incomplete, you could be fined or imprisone  No  Yes  |   |
|                      |   | Did you pay or agree to pay someone who is not an attorn  ✓ No  ☐ Yes. Name of Person   |   |
|                      |   | By signing here, I acknowledge that I understand the risks have read and understood this notice, and I am aware that attorney may cause me to lose my rights or property if I do  | at filing a bankruptcy case without an  |
|                      |   | Date $\frac{29208}{MM/DD/YYYY}$ $97-1089$   | Signature of Debtor 2  Date  MM / DD / YYYY  Contact phone  |

Cell phone

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| Deblor 1            | Tornnetta      | N.       | Walker                       |           |
|---------------------|----------------|----------|------------------------------|-----------|
|                     | First Name     |          | Middle Name                  | Last Name |
| Debtor 2            |                |          |                              |           |
| (Spouse, if filing) | First Name     |          | Middle Name                  | Last Name |
| United States i     | Bankruptcy Cou | rt for t | he: Northern District of Ill | linois    |
|                     |                |          |                              |           |
| Case number         |                |          |                              |           |

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| 20131: Summarize Your Assets   |                          |                               |
|--|--------------------------|-------------------------------|
| Schedule A/B: Property (Official Form 106A/B)  | <b>Your a</b><br>Value c | ssets<br>of what you own      |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | . \$_                    | 0.0                           |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | . \$                     | 2,400.0                       |
| tc. Copy line 63, Total of all property on Schedule A/B  | \$_                      | 2,400.00                      |
| Part 2: Summarize Your Liabilities   | <u> </u>                 |                               |
|  |                          | <b>abilities</b><br>t you owe |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A. Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$                       | 8,500.00                      |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$                       | 0.00                          |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$                     | 135,693.00                    |
| Your total liabilities   | \$                       | 144,193.00                    |
| Part 3: Summarize Your Income and Expenses   | <u> </u>                 |                               |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                       | 1,863.00                      |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                       | 1,810.00                      |
|  |                          |                               |

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Tornnetta N. Walker

Debtor 1

|    | First Name Middle Name Last Name Case number (if known)  |
|----|--|
|    | Answer These Questions for Administrative and Statistical Records  |
| 6  | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |
|    | □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes   |
| 7  | . What kind of debt do you have?   |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |
|    | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$ 2,239.00  |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |
|    | Total claim  |
|    | From Part 4 on Schedule E/F, copy the following:   |
|    | 9a. Domestic support obligations (Copy line 6a.) \$  |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00  |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$   |
|    | 9d. Student loans. (Copy line 6f.) \$ 101,508.00   |
|    | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   |
|    | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00   |
|    | 9g. <b>Total.</b> Add lines 9a through 9f. \$ 101,508.00   |

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| Fill in this information to identify your case and thi   | is filling:  |   |  |
|--|--|---|--|
| Debtor 1 Tornnetta N. Walker   |  |   |  |
| First Name Middle Name   | Last Name  |   |  |
| Debtor 2<br>(Spouse, if filing) First Name Middle Name   | Last Name  |   |  |
| United States Bankruptcy Court for the: Northern District of   | f Illinois   |   |  |
| Case number  |  |   |  |
|  |  | C   | Check if this is ar                        |
| Official Form 106A/B   |  |   | amended filing                             |
| Schedule A/B: Propert  | · Va   |   |  |
|  |  |   | 12/15                                      |
| In each category, separately list and describe item category where you think it fits best. Be as complied responsible for supplying correct information. If m write your name and case number (if known). Answers Part 1: Describe Each Residence, Building, | ete and accurate as possible. If two married peop<br>lore space is needed, attach a separate sheet to ti | le are filing together, bo<br>nis form. On the top of a | th are equally                             |
| Do you own or have any legal or equitable intere   | st in any residence, building, land, or similar prop   | erty?   |  |
| ☑ No. Go to Part 2.  |  | •   |  |
| Yes. Where is the property?  | Williams in the supervised O on  |   |  |
|  | What is the property? Check all that apply.  Single-family home  | Do not deduct secured cla<br>the amount of any secure   | aims or exemptions. Put                    |
| 1.1. Street address, if available, or other description  | Duplex or multi-unit building  | Creditors Who Have Clair                                | ms Secured by Property.                    |
| ,  | Condominium or cooperative   | Current value of the                                    |  |
|  | Manufactured or mobile home     Land   | entire property?  | portion you own?                           |
|  | ☐ Investment property  | <b>\$</b>   | \$   |
| City State ZIP Code  | Timeshare  | Describe the nature of<br>interest (such as fee         |  |
|  | ☐ Other  | the entireties, or a life                               | e estate), if known.                       |
|  | Who has an interest in the property? Check one.  |   |  |
| County   | Debtor 1 only Debtor 2 only  |   |  |
| 55511.9  | Debtor 1 and Debtor 2 only   | ☐ Check if this is co                                   | mmunity property                           |
|  | At least one of the debtors and another  | (see instructions)                                      |  |
|  | Other information you wish to add about this in<br>property identification number:                       | em, such as local                                       |  |
| If you own or have more than one, list here:   |  |   |  |
|  | What is the property? Check all that apply.  | Do not deduct secured cla                               |  |
| 1.2.   | ☐ Single-family home ☐ Duplex or multi-unit building   | the amount of any secure<br>Creditors Who Have Clain    | ns Secured by Property.                    |
| Street address, if available, or other description   | Condominium or cooperative   | Current value of the                                    |  |
|  | Manufactured or mobile home  | entire property?  | portion you own?                           |
|  | Land Investment property   | \$  | \$   |
| City State ZIP Code  | Timeshare  | Describe the nature of                                  |  |
| City State ZIP Code  | Other  | interest (such as fee the entireties, or a life         | simple, tenancy by<br>e estate), if known. |
|  | Who has an interest in the property? Check one.  |   |  |
|  | Debtor 1 only  |   |  |
| County   | Debtor 2 only Debtor 1 and Debtor 2 only   |   |  |
|  | At least one of the debtors and another  | Check if this is co-<br>(see instructions)              | mmunity property                           |
|  | Other information you wish to add about this ite   |   |  |
|  | property identification number:  | in, such as local                                       |  |
|  |  |   |  |

Tornnetta N. Walker Debtor 1 Case number (if known) Middle Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Street address, if available, or other description Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the entire property? Manufactured or mobile home portion you own? ☐ Land Investment property City ZIP Code ☐ Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. 0.00 **Describe Your Vehicles** an M Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes Ford Who has an interest in the property? Check one. 3.1 Make: Do not deduct secured claims or exemptions. Put Debtor 1 only Escape the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2008 Year Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 6.200.00 0.00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one Make: 3.2. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the 
Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions)

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| Debtor 1         | Tornnetta N. Walker  | Document Page 12 of 53  |   |  |
|------------------|--|---|---|--|
|                  |  | Name Case number (#   | known)  |  |
|                  |  |   |   |  |
|                  |  |   |   |  |
| 3.3.             | Make:  | Who has an interest in the property? Check one.   | Do not deduct secured cl.   | aims or exemptions. Dut  |
|                  | Model:   | Debtor 1 only   | the amount of any secure  | d claims on Schedule D.  |
|                  | Year:  | Debtor 2 only   | Creditors Who Have Clair  | ns Secured by Property.  |
|                  |  | Debtor 1 and Debtor 2 only  | Current value of the  | Current value of the   |
|                  | Approximate mileage:   | At least one of the debtors and another   | entire property?  | portion you own?   |
|                  | Other information:   | ,   |   |  |
|                  | ***************************************  | Check if this is community property (see instructions)  | \$  | \$   |
|                  |  | matractionis)   |   |  |
| 3.4              | Make:  | Who has an interest in the property? Check one.   | Do not doduct nowered all   |  |
| S                | Model:   | Debtor 1 only   | Do not deduct secured cla<br>the amount of any secure                       | d claims on Schedule D:  |
|                  |  | Debtor 2 only   | Creditors Who Have Clair  | ns Secured by Property.  |
|                  | Year:  | Debtor 1 and Debtor 2 only  | Current value of the  | Current value of the   |
|                  | Approximate mileage:   | At least one of the debtors and another   | entire property?  | portion you own?   |
|                  | Other information:   |   |   |  |
|                  |  | Check if this is community property (see  | \$  | \$   |
|                  |  | instructions)   |   |  |
| Exan<br>☑ N  ☐ Y | nples: Boats, trailers, motors, personal water<br>o  | other recreational vehicles, other vehicles, and acces<br>ercraft, fishing vessels, snowmobiles, motorcycle accesso | ries  |  |
| ·                | es   |   |   |  |
| 4.1.             | Make:  | Who has an interest in the property? Check one.   | Do not deduct secured cla   | ime or examptions. But   |
|                  |  | Debtor 1 only   | the amount of any secured   | I claims on Schedule D:  |
|                  | - MANA Management was a series of the same | Debtor 2 only   | Creditors Who Have Claim  | is Secured by Property.  |
|                  | Year:  | Debtor 1 and Debtor 2 only  | Current value of the  | Current value of the   |
|                  | Other information:   | At least one of the debtors and another   | entire property?  | portion you own?   |
|                  |  |   |   | •  |
|                  |  | Check if this is community property (see  | \$  |  |
|                  | Table 1  | instructions)   |   | \$   |
|                  |  |   |   | \$   |
|                  | <u> </u>   |   |   | \$   |
| If yo⊔           | own or have more than one, list here:  |   |   | \$   |
| If you<br>4.2.   | own or have more than one, list here:  Make:   | Who has an interest in the property? Check one.   | Do not deduct secured clai  | ms or exemptions. Put  |
| •                |  |   | the amount of any secured   | ms or exemptions. Put claims on Schedule D:  |
|                  | Make:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only  | the amount of any secured<br>Creditors Who Have Claim                       | ins or exemptions. Put<br>claims on Schedule D:<br>s Secured by Property.                |
| ·                | Make:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only             | the amount of any secured<br>Creditors Who Have Claim  Current value of the | ms or exemptions. Put claims on Schedule D: s Secured by Property.  Current value of the |
| ·                | Make:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only  | the amount of any secured<br>Creditors Who Have Claim                       | ins or exemptions. Put<br>claims on Schedule D:<br>s Secured by Property.                |

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages
you have attached for Part 2. Write that number here

☐ Check if this is community property (see

instructions)

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Case number (if known)\_\_

Debtor 1

Tornnetta N. Walker First Name Middle Name

Document

Last Name

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Pant 9

**Describe Your Personal and Household Items** 

| Do you own or have any legal or equitable interest in any of the following items?  | Current value of the portion you own? Do not deduct secured claims   |
|--|--|
| 6 Household goods and furnishings  | or exemptions.   |
| Examples: Major appliances, furniture, linens, china, kitchenware  |  |
| □ No   |  |
| 2 Yes. Describe Furniture  | \$1,500.00   |
| 7. Electronics   |  |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; collections; electronic devices including cell phones, cameras, media players, games  No   | music  |
| Yes. Describe Electronics  | \$500.00   |
| 8. Collectibles of value   | Company of the second distribution of the constitution of the cons |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  2 No  |  |
| Yes. Describe  | **************************************   |
| 9 Equipment for sports and hobbies   | to and the second of the final terms of the second of the  |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; and kayaks; carpentry tools; musical instruments   | canoes   |
| No year in a second of the sec | PAN PENNIN SEED PAN II IN AN AND AN AND AN AND AN AND AN AND AND   |
| Yes. Describe  | \$   |
| The state of the s | Transitions are not projection that a second |
| 10. Firearms   |  |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No   |  |
| ☐ Yes. Describe  | \$400.00   |
| 11. Clothes  | A ANGERS MATERIAL REPORT OF MATERIAL PROPERTY OF THE PROPERTY  |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| Yes. Describe Clothes  | \$   |
| 12. Jewelry  |  |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gold, silver  | ems,   |
| No Ves. Describe   | NOTE TO THE REAL PROPERTY OF THE PROPERTY OF T |
| 13. Non-farm animals   | And the same that the appropriate content and appropriate of the same that the appropriate content and |
| Examples: Dogs, cats, birds, horses  |  |
|  |  |
| ☐ Yes. Describe  | \$   |
| 14. Any other personal and household items you did not already list, including any health aids you did not   | list   |
| <b>2</b> No  |  |
| Yes. Give specific information.  | \$   |
|  |  |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here  |  |

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Debtor 1

Tornnetta N. Walker First Name Middle Name

Document

Last Name

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|-----|-----|------|-----|-----|----|
|     |     | 37   |     |     |    |
| 12  | - 1 | ant. | . 3 | ₩.  | a  |
| ×   | J.  | ٠.   | 2.2 | Бъ. | О  |

### **Describe Your Financial Assets**

| Do you own or have any  | legal or equitable interest in   | any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|--|---|
| 16. <b>Cash</b><br><i>Examples:</i> Money you                         | have in your wallet, in your hor   | ne, in a safe deposit box, and on hand when you file yo  | ur petition   |
| ☑ No  |  |  |   |
| 165   |  | Cash   | ·\$   |
| 17. Deposits of money  Examples: Checking, s  and other si            | avings, or other financial accou<br>imilar institutions. If you have m               | ints; certificates of deposit; shares in credit unions, brokultiple accounts with the same institution, list each. | erage houses,   |
| <b>2</b> Yes  |  | Institution name:  |   |
|   | 17.1. Checking account:  | Bank of America  | \$  |
|   | 17.2. Checking account:  |  | <u> </u>  |
|   | 17.3. Savings account:   |  | \$  |
|   | 17.4. Savings account:   |  |   |
|   | 17.5. Certificates of deposit:   |  |   |
|   | 17.6. Other financial account:   |  | <u> </u>  |
|   | 17.7. Other financial account:   |  | ¥   |
|   | 17.8. Other financial account:   |  | -   |
|   | 17.9. Other financial account:   |  | *   |
|   | 77.9. Other mandar account.  |  | <u> </u>  |
|   | or publicly traded stocks investment accounts with broke Institution or issuer name: | erage firms, money market accounts   |   |
| 100   | institution of issuer flame.   |  |   |
|   |  |  | \$  |
|   |  |  | \$  |
|   |  |  | Ф   |
| <ol> <li>Non-publicly traded st<br/>an LLC, partnership, a</li> </ol> | ock and interests in incorpored  | ated and unincorporated businesses, including an   | interest in   |
| ☑ No  | Name of entity:  | % of c   | ownership:  |
| Yes. Give specific information about                                  |  |  | % \$  |
| them  |  | 0%   | <u></u> % \$  |
|   |  | 0%   | % \$  |

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| E) a | htor | d |
|------|------|---|

First Name Middle Name Last Name

Case number (if known)

| Negotiable instruments<br>Non-negotiable instrun                         | include personal che                           | her negotiable and non-negotiable instruments<br>ecks, cashiers' checks, promissory notes, and money orders.<br>annot transfer to someone by signing or delivering them.   |    |
|--|--|--|----|
| No Yes. Give specific information about                                  | Issuer name:                                   |  |    |
| them   |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
| 21. Retirement or pension Examples: Interests in  ✓ No                   |  | 101(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans  |    |
| Yes. List each   |  |  |    |
| account separately.  | Type of account:                               | Institution name:  |    |
|  | 401(k) or similar plan                         |  | \$ |
|  | Pension plan:                                  |  | \$ |
|  | IRA:   |  |    |
|  |  |  | \$ |
|  | Retirement account:                            |  | \$ |
|  | Keogh:   |  | \$ |
|  | Additional account:                            | Average to the second of the s | \$ |
|  | Additional account:                            |  | \$ |
| Your share of all unused<br>Examples: Agreements<br>companies, or others | d deposits you have r<br>with landfords, prepa | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications   |    |
| ☐ Yes  | In   | stitution name or individual:  |    |
|  | Electric:                                      |  | 0  |
|  | Gas:   |  | \$ |
|  | Heating oil:                                   |  | \$ |
|  | -  | ntal unit:   | \$ |
|  | Prepaid rent:                                  |  | \$ |
|  | Telephone:                                     |  | \$ |
|  | Water:   |  | \$ |
|  | Rented furniture:                              |  | \$ |
|  | Other:   |  | \$ |
|  |  |  | \$ |
| 23. <b>Annuities</b> (A contract fo                                      | or a periodic payment                          | of money to you, either for life or for a number of years)   |    |
| Tyes   | Issuer name and des                            | ocintion:  |    |
|  | .ooos, name and det                            | surption.  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |

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Document Page 16 of 53 Tornnetta N. Walker Debtor 1 Case number (if known)\_ Middle Name First Name Last Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **2** No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit Z No ☐ Yes. Give specific information about them.. 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☑ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, fiquor licenses, professional licenses ZI No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement **2** No ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else V No

|         | on Civo populita information  | and the sum of the sum | 1               |
|---------|-------------------------------|--|-----------------|
| timed 1 | es. Give specific information |  | · in the second |
|         |                               |  | \$              |

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Debtor 1

Tornnetta N. Walker

Middle Name

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Case number (if known

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company Company name: Beneficiary: of each policy and list its value... Surrender or refund value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ✓ No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Z No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim. .... 35. Any financial assets you did not already list Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 0.00 Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37 Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned **2** No ☐ Yes. Describe.... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe....

Case 18-03788 Doc 1 Filed 02/12/18 Entered 02/12/18 16:20:58 Desc Main Page 18 of 53 Document Tornnetta N. Walker Debtor 1 Case number (if known)\_ First Name Middle Name Last Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☑ No ☐ Yes. Describe..... 41. Inventory ☑ No ☐ Yes. Describe 42. Interests in partnerships or joint ventures ☑ No Yes. Describe ...... Name of entity: % of ownership: \_% \_\_% 43. Customer lists, mailing lists, or other compilations Mo No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe...... 44. Any business-related property you did not already list ☑ No Yes. Give specific information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. 21.1.3 If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish Mo No **Q** Yes.....

Case 18-03788 Doc 1 Filed 02/12/18 Entered 02/12/18 16:20:58 Desc Main Document Page 19 of 53 Tornnetta N. Walker Debtor 1 Case number (if known) Last Name 48. Crops—either growing or harvested Z No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **Ø** No Yes 50. Farm and fishing supplies, chemicals, and feed **Z** No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list 2 No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here tan A Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ₩ No Yes. Give specific information ..... 54 Add the dollar value of all of your entries from Part 7. Write that number here 0.00 List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 ... 0.00 56. Part 2: Total vehicles, line 5 2,400.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61 Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61.

63. Total of all property on Schedule A/B. Add line 55 + line 62.

2,400.00

Copy personal property total ->

2,400.00

2,400.00

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| F                           | ill in this inform  | ation to identify your case:   |   |   |  |
|-----------------------------|---|--|---|---|--|
| C                           | Debtor 1 Tori   | nnetta N. Walker   |   |   |  |
|                             | ebtor 2 Spouse, if filing) First N  |  | Last Name   |   |  |
| į                           |   | uptcy Court for the: Northern Disti  | Last Name   | :   |  |
| C                           | ase number  |  |   |   | Check if this is an amended filing   |
| 0                           | fficial For   | n 106C   |   |   |  |
| S                           | chedul  | e C: The Pro   | perty You   | Claim as Exemp  | 04/16  |
| spa                         | ng the property y<br>ice is needed, fill  | ou listed on Schedule A/B: Pro   | perty (Official Form 106  | ogether, both are equally responsible for A/B) as your source, list the property tha Additional Page as necessary. On the top   | t you claim as exempt. If more   |
| spe<br>of a<br>reti<br>limi | ncific dollar amo<br>any applicable s<br>rement funds—<br>its the exemptio<br>uld be limited to | unt as exempt. Alternatively, tatutory limit. Some exemption may be unlimited in dollar and to a particular dollar amount to a particular dollar amount the applicable statutory amount to a policable statutory amount the applicable statutory amount the applicable statutory amount to a particular to a p | , you may claim the ful<br>ons—such as those fo<br>nount. However, if you<br>nt and the value of the<br>ount. | amount of the exemption you claim. C<br>I fair market value of the property beil<br>r health aids, rights to receive certain<br>claim an exemption of 100% of fair m<br>property is determined to exceed tha  | ng exempted up to the amount<br>benefits, and tax-exempt<br>arket value under a law that |
|                             | art  - Identi   | fy the Property You Clain  | n as Exempt   |   |  |
| 1.                          | You are claim   | xemptions are you claiming?<br>iming state and federal nonban<br>iming federal exemptions. 11 t  | kruptcy exemptions. 11  |   |  |
| 2.                          | For any proper  | ty you list on Schedule A/B t  | hat you claim as exem   | pt, fill in the information below.  |  |
|                             |   | on of the property and line on that lists this property  | Current value of the portion you own  | Amount of the exemption you claim   | Specific laws that allow exemption   |
|                             |   |  | Copy the value from<br>Schedule A/B   | Check only one box for each exemption.  |  |
|                             | Brief description:  | Automobile   | \$ 0.00   | □ \$ 2,400.00   | 735 ILCS 5/12-1001(c)  |
|                             | Line from<br>Schedule A/B:  | 3.1  |   | 100% of fair market value, up to any applicable statutory limit   |  |
|                             | Brief<br>description:   | Furniture  | \$ <u>1,500.00</u>  | □ \$ 1,500.00   | 735 ILCS 5/12-1001(b)  |
|                             | Line from<br>Schedule A/B:  |  |   | 100% of fair market value, up to any applicable statutory limit   |  |
|                             | Brief description:  | Electronics  | \$ 500.00   | \$ 500.00   | 735 ILCS 5/12-1001(b)  |
|                             | Line from<br>Schedule A/B:  | 7  |   | √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value, up to any applicable statutory limit  √ 100% of fair market value any applicable statutory limit  √ 100% of fair market value any applicable statutory limit  √ 100% of fair market value and the fair market value any applicable statutory limit  √ 100% of fair market value and the fair market val |  |
| 3.                          | (Subject to adjust No   |  | f more than \$160,375?<br>years after that for case   | s filed on or after the date of adjustment.  1,215 days before you filed this case?   | )  |
|                             | ☐ No<br>☐ Yes   |  |   |   |  |

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Debtor 1

Tornnetta N. Walker First Name Middle Name

Last Name

Case number (if known)\_

| Brief description of the property and line on Schedule A/B that lists this property |  | Current value of the portion you own | Amount of the exemption you claim                                  | Specific laws that allow exemption |
|---|--|--------------------------------------|--|------------------------------------|
|   |  | Copy the value from Schedule A/B     | Check only one box for each exemption                              |                                    |
| Brief<br>description:<br>Line from  | Clothes  | \$400.00                             | □ \$ 400.00  □ 100% of fair market value, up to                    | 735 ILCS 5/12-1001(a)              |
| Schedule A/B:   |  |                                      | any applicable statutory limit                                     |                                    |
| Brief description:  | Checking Account   | \$0.00                               |  | 735 ILCS 5/12-1001(b)              |
| Line from<br>Schedule A/B:  | 17.1   |                                      | 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief<br>description:   |  | \$                                   | <b>-</b> \$  |                                    |
| Line from<br>Schedule A/B:  |  |                                      | 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief<br>description:   |  | \$                                   | <b>☑</b> \$  |                                    |
| Line from<br>Schedule A/B:  |  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |                                    |
| Brief<br>description:   | **************************************   | \$                                   | <b>\(\sigma\)</b> \$   |                                    |
| Line from<br>Schedule A/B;  |  |                                      | 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief description:  |  | \$                                   | <b>\$</b>  |                                    |
| Line from<br>Schedule A/B:  | #AAAAAAAAA   |                                      | 100% of fair market value, up to<br>any applicable statutory limit |                                    |
| Brief description:  | -  | \$                                   | <b></b>  |                                    |
| Line from Schedule A/B:   |  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |                                    |
| Brief<br>description:   |  | \$                                   | <b>\$</b>  |                                    |
| Line from<br>Schedule A/B:  |  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |                                    |
| Brief description:  |  | \$                                   | □s   |                                    |
| Line from<br>Schedule A/B:  | violinium min  |                                      | 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief description:  |  | \$                                   | <b>3</b> \$  |                                    |
| Line from<br>Schedule A/B:  | - Company and Address.   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |                                    |
| Brief<br>description:   |  | \$                                   | <b>0</b> \$  |                                    |
| Line from<br>Schedule A/B:  | Marin de Audit and a programme |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |                                    |
| Brief<br>description:   |  | \$                                   |  |                                    |
| Line from Schedule A/B:   |  | -                                    | 100% of fair market value, up to any applicable statutory limit    |                                    |

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| Fill in this information to identify your ca   | <b>59:</b>   |  |  |  |
|--|--|--|--|--|
| Debtor 1 Tornnetta N. Walker   |  |  |  |  |
| First Name Middle  | Name Last Name   |  |  |  |
| Debtor 2<br>(Spouse, if filing) First Name Middle                                    |  |  |  |  |
| United States Bankruptcy Court for the: Northern                                     | . Edge (Aging  |  |  |  |
|  | District of Hillings   |  |  |  |
| Case number (If known)   |  |  | □ Chack  | if this is an                            |
|  |  |  |  | led filing                               |
| Official Form 106D   |  |  |  | v  |
|  |  |  |  |  |
| Schedule D: Creditor   | s Who Have Claims Secur  | ed by Prop   | perty  | 12/15                                    |
| Be as complete and accurate as possible  | If two married people are filing together, both are en   | qually responsible f   | or supplying correc  | ct.                                      |
| additional pages, write your name and car  | V LITE AUGILIONAL PAGE. IIII IT OUT TEIMINGT THE ENTRINE   | and attach it to this  | form. On the top o   | fany                                     |
|  | ·  |  |  |  |
| Do any creditors have claims secured to      No. Check this have and submit this for | by your property?  |  |  |  |
| Yes. Fill in all of the information below.   | m to the court with your other schedules. You have noth  | ing else to report on t  | this form.   |  |
|  |  |  |  |  |
| Parial: List All Secured Claims  |  |  |  |  |
| 2 List all secured divine 16   |  | Column A   | Column B   | Column C                                 |
| for each claim. If more than one creditor has n                                      | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. | Amount of claim  | Value of collateral  | Unsecured                                |
| As much as possible, list the claims in alph   | nabetical order according to the creditor's name.  | Do not deduct the value of collateral.   | that supports this claim   | portion                                  |
| 21   |  |  |  | If any                                   |
| Credit Acceptance Corporate  | Describe the property that secures the claim:  | \$8,500.00   | \$6,200.00   | s0.00                                    |
| PO BOX 5070  | Automobile   |  |  |  |
| Number Street  |  |  |  |  |
|  | As of the date you file, the claim is: Check all that apply.   |  |  |  |
| Southfield MI 48086  | Contingent   |  |  |  |
| City State ZIP Code  | Unliquidated Disputed  |  |  |  |
| Who owes the debt? Check one   | <b>F</b>   |  |  |  |
| Debtor 1 only  | Nature of lien. Check all that apply.  |  |  |  |
| Debtor 2 only  | An agreement you made (such as mortgage or secured car loan)   |  |  |  |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)   |  |  |  |
| At least one of the debtors and another  | Judgment lien from a lawsuit   |  |  |  |
| ☐ Check if this claim relates to a   | Other (including a right to offset)  | -  |  |  |
| community debt   |  |  |  |  |
| Date debt was incurred 03/04/2017  | Last 4 digits of account number 1 4 4 2  | 00000000000000000000000000000000000000   | entani kalise ilayahaa ahannon on | after thinks and taken a strange for the |
| 2.2  | Describe the property that secures the claim:  | \$ 0.00  | \$0.00   | \$ 0.00                                  |
| Creditor's Name  |  |  |  |  |
| Number Street  |  | and the state of t |  |  |
|  | As of the date you file, the claim is: Check all that apply.   |  |  |  |
|  | ☐ Contingent   |  |  |  |
| City State ZIP Code  | Unfiquidated   |  |  |  |
| •  | ☐ Disputed   |  |  |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |  |  |  |
| Debtor 1 only  | An agreement you made (such as mortgage or secured   |  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   | car loan)  Statutory lien (such as tax lien, mechanic's lien)  |  |  |  |
| At least one of the debtors and another  | Judgment lien from a lawsuit   |  |  |  |
| F***   | Other (including a right to offset)  |  |  |  |
| ☐ Check if this claim relates to a community debt                                    | -  |  |  |  |
| Date debt was incurred   | Last 4 digits of account number  |  |  |  |
| Add the dollar value of your entries in C  | Column A on this page. Write that number here:   | s <u>8,500.00</u>  |  |  |

Case 18-03788 Doc 1 Filed 02/12/18 Entered 02/12/18 16:20:58 Desc Main Page 23 of 53 Document Fill in this information to identify your case: Tornnetta N. Walker Debtor 1 First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an Case number (if known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Park III. **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☑ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Illinois Department of Revenue Last 4 digits of account number 1 4 4 2 0.00 \$\_ PO BOX 64338 When was the debt incurred? 02/01/2018 Number As of the date you file, the claim is: Check all that apply Chicago IL 60664 Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ☑ Other Specify Notice Only 2 No ☐ Yes Internal Revenue Service 0.00 s Last 4 digits of account number \_ 1 4 4 2 0.00 0.00 Priority Creditor's Name 02/01/2018 When was the debt incurred? PO BOX 7346 Number As of the date you file, the claim is: Check all that apply Philadelhpia Contingent 19101 Unliquidated ZIP Code Disputed Who incurred the debt? Check one 🗖 Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? ☑ Other Specify Notice Only ☑ No ☐ Yes

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Debtor 1

Document

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Tornnetta N. Walker

|     | List All of Your NONPRIOR  | Last Nam                      | e<br>secured Claim   | s   |  |
|-----|--|-------------------------------|--|---|--|
| 3.  | Do any creditors have nonpriority uns  No. You have nothing to report in this  Yes | secured o                     | claims against yo  | ou? the court with your other schedules.  |  |
| 4.  | List all of your nonpriority unsecured   | claims in                     | the alphabetica  | al <b>order of the creditor who holds each claim.</b> If a creditor ha<br>im. For each claim listed, identify what type of claim it is. Do no<br>, list the other creditors in Part 3.If you have more than three n   | as more than one of list claims already conpriority unsecured  |
| . 1 | Dept of ED/Navient   |                               |  |   | Total claim  |
|     | Nonpriority Creditor's Name  |                               |  | Last 4 digits of account number 1 4 4 2   | \$101,508.00   |
|     | PO BOX 9635<br>Number Street   |                               |  | When was the debt incurred? 09/09/2014  |  |
|     |  | PA<br>State                   | 18773<br>ZIP Code  | As of the date you file, the claim is: Check all that apply.  |  |
|     |  |                               |  | Contingent  |  |
|     | Who incurred the debt? Check one.  |                               |  | Unliquidated  |  |
|     | Debtor 1 only Debtor 2 only  |                               |  | Disputed  |  |
|     | Debtor 1 and Debtor 2 only   |                               |  | Type of NONPRIORITY unsecured claim:  |  |
|     | At least one of the debtors and another  |                               |  | ☑ Student loans   |  |
|     | Check if this claim is for a communit  | ty debt                       |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |  |
|     | Is the claim subject to offset? ☑ No   |                               |  | Debts to pension or profit-sharing plans, and other similar debts   | S  |
|     | Yes  |                               |  | Other, Specify  |  |
|     | Nissan Motor Acceptance  | ann an American Common Common | en european de préparagement annéhité en la companyation de la company | Last 4 digits of account number $\underline{}$ $\frac{1}{4}$ $\frac{4}{4}$ $\frac{2}{2}$  | \$ 22,777.00   |
|     | Nonpriority Creditor's Name  |                               |  | When was the debt incurred? 12/18/2014  | <u> </u>   |
|     | PO BOX 660366  Number Street   |                               |  | ***************************************   |  |
|     | Dallas   | ГХ                            | 75266  | As of the date you file, the claim is: Check all that apply.  |  |
|     | . 31   | late                          | ZIP Code   | ☐ Contingent  |  |
|     | Who incurred the debt? Check one.  |                               |  | Unliquidated  |  |
|     | Debtor 1 only Debtor 2 only  |                               |  | ☐ Disputed  |  |
|     | Debtor 1 and Debtor 2 only   |                               |  | Type of NONPRIORITY unsecured claim:  |  |
|     | At least one of the debtors and another  |                               |  | ☐ Student loans   |  |
|     | ☐ Check if this claim is for a community   | ı daht                        |  | Obligations arising out of a separation agreement or divorce  |  |
|     | Is the claim subject to offset?  | debt                          |  | that you did not report as priority claims  |  |
|     | ☑ No   |                               |  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify _Automobile  | :<br>:   |
|     | ☐ Yes  |                               |  |   |  |
|     | Comenity Capital Bank/Game St  |                               | e tiple more die de die Gried de Andrewske de de combatte des die die de de geweer dy de ge  | Last 4 digits of account number _1 _4 _4 _2   | Entered assume and a series of the series of |
|     | Nonpriority Creditor's Name PO BOX 182120  |                               |  | When was the debt incurred? 10/30/2017  | s225.00  |
|     | Number Street  |                               |  |   |  |
|     |  | )H                            | 43218  |   |  |
|     | City Sta   | ite                           | ZIP Code   | As of the date you file, the claim is: Check all that apply.  |  |
|     | Who incurred the debt? Check one.  |                               |  | Contingent  |  |
|     | Debtor 1 only  |                               |  | Unliquidated Disputed   |  |
|     | Debtor 2 only Debtor 1 and Debtor 2 only   |                               |  | - Disputed  |  |
|     | At least one of the debtors and another  |                               |  | Type of NONPRIORITY unsecured claim:  |  |
|     | ☐ Check if this claim is for a community   | debt                          |  | Student loans     Obligations prints put of a country in the second |  |
|     | Is the claim subject to offset?  |                               |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |  |
|     | ₩ No   |                               |  | Debts to pension or profit-sharing plans, and other similar debts   | :  |
|     | Yes  |                               |  | Other. Specify <u>Charge Account</u>  |  |

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Debtor 1

Tornnetta N. Walker Middle Name

Document

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| MAG | VETUDA | **** | EDHOV | <br>  |
|-----|--------|------|-------|-------|
|     |        |      |       |       |
| M   |        |      | 88    | (h)   |
| ₩.  | -7     | MX.  | 945   | <br>M |
| Đ.  | ж.     |      |       | Δi    |
|     |        |      |       |       |

Your NONPRIORITY Unsecured Claims — Continuation Page

|  | puge, number t   | nem beginning w  | rith 4.4, followed by 4.5, and so forth.   | Total claim   |
|--|--|--|--|---|
| Capital One Bank Nonpriority Creditor's Name                 |  |  | Last 4 digits of account number 1 4 4 2  | s 301.0   |
| PO BOX 30281   |  |  | When was the debt incurred? 11/16/2017   | \$  |
| Salt Lake City   | UT   | 84130  | As of the date you file, the claim is: Check all that apply.   |   |
| Who incurred the debt? Cr                                    | State neck one.  | ZIP Code   | ☐ Contingent ☐ Unliquidated ☐ Disputed   |   |
| Debtor 2 only Debtor 1 and Debtor 2 only                     | ,  |  | Type of NONPRIORITY unsecured claim:   |   |
| At least one of the debtors                                  | and another  |  | Student loans  |   |
| Check if this claim is fo                                    | r a community debt   |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| Is the claim subject to offset No                            |  |  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card  |   |
| Tes  | ma Section et the Est of America of America 2 and Anticology (Est of Est | an delta del francisco del composito de consecuta del composito del composito del composito del composito del consecuta del cons | TOTALON STOCK OF THE STOCK OF T | 1999 da kinne kannekatikan eneng Til esi wa kinistensen |
| Trident Asset Manage   | ement  |  | Last 4 digits of account number 1 4 4 2  | s107.00   |
| 53 Perimeter Ctr E 44  | 0  |  | When was the debt incurred? 05/01/2014   |   |
| Atlanta  | GA   | 30346  | As of the date you file, the claim is: Check all that apply.   |   |
| City   | State  | ZIP Code   | Contingent   |   |
| Who incurred the debt? Che Debtor 1 only                     | ck one.  |  | Unliquidated Disputed  |   |
| Debtor 2 only Debtor 1 and Debtor 2 only                     |  |  | Type of NONPRIORITY unsecured claim:   |   |
| At least one of the debtors a                                | nd another   |  | ☐ Student loans  |   |
| Check if this claim is for                                   |  |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| Is the claim subject to offset                               |  |  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Horseshoe Hammond  |   |
| Yes  | ोन्ना भारत्वकान्त्रप्रदेश है के क्षेत्रपुरद्वप्रपत्तिमन्द्रभाद्वमन्द्रभावस्थायस्य स्वत्वस्थायस्य स्वत्वस्थायस्य  | t COL That the Property Constitution of the property and property of Allian Book property Col  |  | * 231.00  |
| 1st Loan Financial   |  |  | Last 4 digits of account number 1 4 4 2  | \$  |
| 3557 Dempster St<br>Jumber Street                            |  |  | When was the debt incurred? 02/01/2018   |   |
| Skokie<br><sub>Sity</sub>                                    | IL   | 60076  | As of the date you file, the claim is: Check all that apply.   |   |
| Who incurred the debt? Check                                 | State<br>k one.  | ZIP Code   | Contingent Unliquidated  |   |
| Debtor 1 only  |  |  | ☐ Disputed   |   |
| Debtor 2 only Debtor 1 and Debtor 2 only                     |  |  | Type of NONPRIORITY unsecured claim:   |   |
| → Debtor 1 and Debtor 2 only At least one of the debtors and | d another  |  | ☐ Student loans  |   |
| Check if this claim is for a                                 |  |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| the claim subject to offset?                                 |  |  | Debts to pension or profit-sharing plans, and other similar debts  |   |
| 1 No<br>1 Yes  |  |  | Other Specify Collection Account   |   |

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Deptor 1

Tornnetta N. Walker Middle Name

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Case number (if known)\_

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|----|-------|-------|---------|---|
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Your NONPRIORITY Unsecured Claims - Continuation Page

| er listing any entries on this   | page, number th  | em beginning wi   | th 4.4, followed by 4.5, and so forth.  | Total claim  |  |
|--|--|---|---|--|--|
| City of Chicago Depart   | ment of Financ   | ce  | Last 4 digits of account number 1 4 4 2   | \$_2,200.00  |  |
| PO BOX 4641  |  |   | When was the debt incurred? 02/01/2018  |  |  |
| Chicago  | IL   | 60680   | As of the date you file, the claim is: Check all that apply.  |  |  |
| Who incurred the debt? Chec  | State<br>k one.  | ZIP Code  | Contingent Unliquidated Disputed  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   |  |   | Type of NONPRIORITY unsecured claim:  |  |  |
| At least one of the debtors an   | id another   |   | ☐ Student loans   |  |  |
| ☐ Check if this claim is for a   | community debt   |   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |  |  |
| Is the claim subject to offset?  | ?  |   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Tickets  |  |  |
| ☑ No<br>☐ Yes  |  |   |   |  |  |
| Evirono Cook Mart  | Ellingty Arthritis mit Valletinko et dingmet om til stil still still still still still still still still still |   |   | erich von der Serich de Salade der erigierte vert de einen "von standard der |  |
| Express Cash Mart Nonpriority Creditor's Name  |  |   | Last 4 digits of account number 1 4 4 2   | \$ <u>1,046.00</u>   |  |
| PO BOX 5598  |  |   | When was the debt incurred? 02/01/2018  |  |  |
| Elgin  | IL.  | 60121   | As of the date you file, the claim is: Check all that apply.  |  |  |
| City   | State  | ZIP Code  | ☐ Contingent  |  |  |
| Who incurred the debt? Check   | one.   |   | Unliquidated Disputed   |  |  |
| Debtor 1 only  |  |   | ☐ Disputed  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   |  |   | Type of NONPRIORITY unsecured claim:  |  |  |
| <ul> <li>Debtor I and Debtor 2 only</li> <li>At least one of the debtors and</li> </ul>                                | 1 another  |   | Student loans   |  |  |
| Check if this claim is for a   |  |   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |  |  |
|  | community debt   |   | Debts to pension or profit-sharing plans, and other similar debts   |  |  |
| s the claim subject to offset?   |  |   | Other Specify Collection Account  |  |  |
| Yes  |  |   |   |  |  |
| NA- mare e no train no dissipativa se enganços presençantes e e empresante activat de equin homospres y negociolo de e | COMPANY COMPANY CATALOGICAN IS NO SOMEWAYS, CHECKER AND STATE COLOR SOME SOME SOME SOME SOME SOME SOME SOME    | OTTEN NOT MET MET MET THE THE THE THE THE THE THE THE THE T | BOOK OF THE STATE | e 212.00   |  |
| First National Collect   |  |   | Last 4 digits of account number 1 4 4 2   | \$   |  |
| 610 Waltham Way  |  |   | When was the debt incurred? 02/01/2018  |  |  |
| Sparks   | NV   | 89434   | As of the date you file, the claim is: Check all that apply.  |  |  |
| ity  | State  | ZIP Code  | Contingent  |  |  |
| Vho incurred the debt? Check   | one.   |   | ☐ Unliquidated☐ Disputed  |  |  |
| Debtor 1 only  |  |   | — Disputed  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   |  |   | Type of NONPRIORITY unsecured claim:  |  |  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and  | another  |   | ☐ Student loans   |  |  |
| Check if this claim is for a c   |  |   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |  |  |
| s the claim subject to offset?   | · · · · · · · · · · · · · · · · · · ·  |   | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection, Directy   |  |  |
| ấ No<br>☑ Yes  |  |   |   |  |  |

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Debtor 1

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| er listing any entries on this  | s page, number th   | em beginning wit   | th 4.4, followed by 4.5, and so forth.  | Total claim                            |
|---|---|--|---|--|
| Green Loans Nonpriority Creditor's Name   |   |  | Last 4 digits of account number 1 4 4 2   | s 1,400.0                              |
| PO BOX 42560 Number Street  |   |  | When was the debt incurred? 02/01/2018  | T.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Philadelphia  | PA  | 19101  | As of the date you file, the claim is: Check all that apply.  |  |
| Who incurred the debt? Che  | State ck one.   | ZIP Code   | ☐ Contingent ☐ Unliquidated ☐ Disputed  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a  | nd another  |  | Type of NONPRIORITY unsecured claim:  Student loans   |  |
| ☐ Check if this claim is for<br>Is the claim subject to offset<br>☑ No<br>☐ Yes   | _   |  | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify Collection Account</li> </ul> |  |
| PLS Loan Store  | processor programme (1995) de maissée, de literature de miles (1994) de miles (1996) de maissée     | i Penyangangan Sara Sara Sara Angkan dan Sara Sara Sara Sara Sara Sara Sara Sa | Last 4 digits of account number 1 4 4 2   | \$ <u>491.0</u>                        |
| Nonpriority Creditor's Name<br>40031B W. 183rd Stree  | et  |  | When was the debt incurred? 02/01/2018  |  |
| Number Street Country Club Hills  | IL  | 60478  | As of the date you file, the claim is: Check all that apply.  |  |
| City  | State   | ZIP Code   | Contingent  |  |
| Who incurred the debt? Ched   | rk one  |  | Unliquidated  |  |
| Debtor 1 only   | K Offe.   |  | ☐ Disputed  |  |
| Debtor 2 only   |   |  | Type of NONDBIODITY upgeggreed eleiters   |  |
| Debtor 1 and Debtor 2 only  |   |  | Type of NONPRIORITY unsecured claim:  |  |
| At least one of the debtors ar  | nd another  |  | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>  |  |
| Check if this claim is for a  | a community debt  |  | you did not report as priority claims   |  |
| Is the claim subject to offset  | -   |  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection Account  |  |
| Yes  - And the annument of the annument o | en entrataeren metre binariak etaila eta entrataeren araban eta | নিৰ্ভিত্ত সংস্কৃতি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰ                      |   | * 79.01                                |
| Stellar Recovery Inc  |   |  | Last 4 digits of account number 1 4 4 2   | \$                                     |
| 4500 Salisbury Rd Ste   | 10  |  | When was the debt incurred? 02/01/2018  |  |
| Jacksonville  | FL  | 32216  | As of the date you file, the claim is: Check all that apply.  |  |
| City  | State   | ZIP Code   | Contingent  |  |
| Who incurred the debt? Chec   | k one   |  | Unliquidated  |  |
| Debtor 1 only   | , other   |  | ☐ Disputed  |  |
| Debtor 2 only   |   |  | Type of NONPRIORITY unsecured claim:  |  |
| Debtor 1 and Debtor 2 only  |   |  | Student loans   |  |
| At least one of the debtors an  | d another   |  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that   |  |
| Check if this claim is for a  | community debt  |  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |  |
| Is the claim subject to offset?  Mo  Yes  | •   |  | Other. Specify Collection, Comcast  |  |

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Debtor 1

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| ЩP  | and 1975  | David. | Sec. 43       |
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Your NONPRIORITY Unsecured Claims — Continuation Page

| or noting any entries on ans  | page, number them beginning v  | vith 4.4, followed by 4.5, and so forth.   | Total c         |
|---|--|--|-----------------|
| Verizon   |  | Last 4 digits of account number 1 4 4 2  | 4.8.18.811.405  |
| Nonpriority Creditor's Name   |  |  | s <u>64</u>     |
| 500 Technology Dr, Ste  | e 550  | When was the debt incurred? 02/01/2018   |                 |
| Weldon Spring   | MO 63304   | As of the date you file, the claim is: Check all that apply.   |                 |
| City  | State ZIP Code   | Contingent   |                 |
| Who incurred the debt? Check  | cone   | Unliquidated   |                 |
| Debtor 1 only   |  | ☐ Disputed   |                 |
| Debtor 2 only   |  | Type of NONPRIORITY unsecured claim:   |                 |
| Debtor 1 and Debtor 2 only  |  |  |                 |
| At least one of the debtors and   | d another  | Student loans  |                 |
| ☐ Check if this claim is for a  | Community debt   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |
| Is the claim subject to offset?   |  | Debts to pension or profit-sharing plans, and other similar debts  |                 |
| Mo No   |  | ☑ Other, Specify Collection Account  |                 |
| Yes   |  |  |                 |
| ET FAMOUR AND STANK AS AN ARABANGSTUSSER ENGLANDSVANDENSINGS WILL ARE ARABANGSTUSSER SEE SIGNAASSER | antinasian kalandari | ANACTERIA CONTRACTOR OF THE CO |                 |
| Total Card, Inc   |  | Last 4 digits of account number 1 4 4 2  |                 |
| Nonpriority Creditor's Name   |  | Last 4 digits of account number 1 4 4 2  | \$ <u>1,158</u> |
| 5109 S Broadband Lane   | )  | When was the debt incurred? 08/13/2015   |                 |
| Sioux Falls   | SD 57108   | As of the date you file, the claim is: Check all that apply.   |                 |
| City  | State ZIP Code   | ☐ Contingent   |                 |
| Who incurred the debt? Check  | ore  | Unliquidated   |                 |
| Debtor 1 only   | one.   | ☐ Disputed   |                 |
| Debtor 2 only   |  | T (NONE)   |                 |
| Debtor 1 and Debtor 2 only  |  | Type of NONPRIORITY unsecured claim:   |                 |
| ☐ At least one of the debtors and   | another  | Student loans  |                 |
|   |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |
| Check if this claim is for a  | community debt   | Debts to pension or profit-sharing plans, and other similar debts  |                 |
| Is the claim subject to offset?   |  | Other Specify Razor Capital, LLC   |                 |
| No  |  |  |                 |
| ☐ Yes   |  |  |                 |
|   | en e   |  | s 1,800         |
| Sprint Wireless Nonpriority Creditor's Name   |  | Last 4 digits of account number 1 4 4 2  |                 |
| 6391 Sprint Parkway   |  | When was the debt incurred? $\frac{02/01/2018}{}$  |                 |
| Number Street Overland Park   | KS 66251   | As of the date you file, the claim is: Check all that apply.   |                 |
| City  | KS 66251  State ZIP Code   |  |                 |
| •   | ••••   | ☐ Contingent ☐ Unliquidated  |                 |
| Who incurred the debt? Check o  | one.   | Disputed   |                 |
| Debtor 1 only   |  |  |                 |
| Debtor 2 only   |  | Type of NONPRIORITY unsecured claim:   |                 |
| Debtor 1 and Debtor 2 only  |  | Student loans  |                 |
| At least one of the debtors and.  Check if this claim is for a c                                    |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |
|   | ommunity debt  | Debts to pension or profit-sharing plans, and other similar debts  |                 |
| s the claim subject to offset?  |  | Other. Specify Phone, Lease Agreement  |                 |
| <b>⊿</b> No   |  | · · · · · · · · · · · · · · · · · · ·  |                 |
| Yes   |  |  |                 |

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Debtor 1

Tornnetta N. Walker

Middle Name

Last Name

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Case number (if known)\_

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|----|----|------|------|---|-----|----|
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Your NONPRIORITY Unsecured Claims - Continuation Page

|  |  | an beginning tric   | h 4.4, followed by 4.5, and so forth.   | Total clain                            |
|--|--|---|---|--|
| Geyser Lending   |  |   | Last 4 digits of account number 1 4 4 2   | s 500.0                                |
| Nonpriority Creditor's Name PO BOX 11725   |  |   | When was the debt incurred? 02/01/2018  | \$000.0                                |
| Number Street<br>SAnta Rosa  | CA   | 95406   | <ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>  |  |
| City  Who incurred the debt? Check of  | State  | ZIP Code  | ☐ Contingent ☐ Unliquidated ☐ Disputed  |  |
| □ Debtor 1 only     □ Debtor 2 only     □ Debtor 1 and Debtor 2 only     □ At least one of the debtors and a | another  |   | Type of NONPRIORITY unsecured claim:  Student loans   |  |
| ☐ Check if this claim is for a cls the claim subject to offset? ☑ No ☐ Yes                                   |  |   | <ul> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify Collection Account</li> </ul> |  |
| Lion Loans   | I THE RADIO OF A PROPERTY OF THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE CO | Türka eribayük adıradığı görünü üğü karılığı görünü karılığı yağı uççuç   | Last 4 digits of account number 1 4 4 2   | * 117.0                                |
| Nonpriority Creditor's Name PO BOX 1547  |  |   | When was the debt incurred? 02/01/2018  | ************************************** |
| Number Street<br>Sandy   | UT   | 94091   | As of the date you file, the claim is: Check all that apply.  |  |
| City   | State  | ZIP Code  | Contingent  |  |
| Who incurred the debt? Check o   | ne.  |   | ☐ Unliquidated ☐ Disputed   |  |
| Debtor 1 only  |  |   |   |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   |  |   | Type of NONPRIORITY unsecured claim:  |  |
| At least one of the debtors and a  | unother  |   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that   |  |
| Check if this claim is for a co  | ommunity debt  |   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |  |
| s the claim subject to offset?  No Yes   |  |   | ☑ Other, Specify Collection Account   |  |
| Green Arrow Loans  | TO ACTIVITY TO STATE TO THE STATE OF S   | ालिहर्ड के ब्रेजियोज्ञान के नेनाव विदेश रामालका, एए नहां स्थापता अरहे हैं है है के स्थापता स्थापता है ।<br>इस इस इ | Last 4 digits of account number 1 4 4 2   | \$300.00                               |
| Conpriority Creditor's Name O BOX 170  |  |   | When was the debt incurred? 02/01/2018  |  |
| umber Street<br>Finley   | CA   | 95435   | As of the date you file, the claim is: Check all that apply.  |  |
| ity  | State  | ZIP Code  | Contingent Unliquidated   |  |
| Who incurred the debt? Check or  | ne.  |   | ☐ Disputed  |  |
| Debtor 1 only Debtor 2 only  |  |   | Type of NONDRIGHTY unaccured algebra  |  |
| Debtor 1 and Debtor 2 only   |  |   | Type of NONPRIORITY unsecured claim:   Student loans  |  |
| At least one of the debtors and a  | nother   |   | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>  |  |
| Check if this claim is for a co  | mmunity debt   |   | you did not report as priority claims   |  |
| the claim subject to offset?  No Yes   |  |   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account   |  |

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Debtor 1

Tornnetta N. Walker First Name Middle Name

Last Name

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Case number (if known)\_

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### Your NONPRIORITY Unsecured Claims - Continuation Page

| ter listing any entries on this p   | page, number the | m beginning with | 4.4, followed by 4.5, and so forth.   | Total claim     |  |
|---|------------------|------------------|---|-----------------|--|
| WLCC Lending FLG DI   | pa: Lincoln Fun  | ding Group       | Last 4 digits of account number 1 4 4 2   | \$500.00        |  |
| PO BOX 203, #1 Wakp   | amni Lake Hou    | sing             | When was the debt incurred? 02/01/2018  |                 |  |
| Number Street<br>Batesland  | SD               | 57716            | As of the date you file, the claim is: Check all that apply.  |                 |  |
| City  Who incurred the debt? Check  Debtor 1 only   | State            | ZIP Code         | Contingent Unliquidated Disputed  |                 |  |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this claim is for a Is the claim subject to offset? No | community debt   |                  | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account |                 |  |
| Horseshoe Hammond Norpriority Creditor's Name   |                  |                  | Last 4 digits of account number <u>1 4 4 2</u>  | \$ <u>100.0</u> |  |
| 777 Casino Center Dr.   |                  |                  | When was the debt incurred? $\frac{02/01/2018}{}$   |                 |  |
| Number Street<br>Hammond  | IN               | 46320            | As of the date you file, the claim is: Check all that apply.  |                 |  |
| City  Who incurred the debt? Check  ✓ Debtor 1 only   | State            | ZIP Code         | Contingent Unliquidated Disputed  |                 |  |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a                                   |                  |                  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |  |
| Is the claim subject to offset?  ☑ No ☐ Yes   | ,                |                  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account   |                 |  |
| City of Rolling Meadow:   | s Photo Enforce  | ement Progra     | Last 4 digits of account number 1 4 4 2   | \$200.00        |  |
| PO BOX 577  |                  |                  | When was the debt incurred? 03/18/2017  |                 |  |
| Number Street<br>Bedford Park   | IL               | 60499            | As of the date you file, the claim is: Check all that apply.  |                 |  |
| City  | State            | ZIP Code         | Contingent  |                 |  |
| Who incurred the debt? Check  | cone.            |                  | ☐ Unliquidated ☐ Disputed   |                 |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a                     |                  |                  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |  |
| Is the claim subject to offset?  ✓ No  ☐ Yes  | <del>-</del>     |                  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Tickets  |                 |  |

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Tornnetta N. Walker Debtor 1 First Name

Last Name Middle Name

Case number (# known)

Pairt 48

### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |   |     | Total claim   |
|--------------|---|-----|---------------|
| Total claims | 6a. Domestic support obligations  | 6a. | s0.00         |
| from Part 1  | 6b. Taxes and certain other debts you owe the government  | 6b. | s0.00         |
|              | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00        |
|              | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                       | 6d. | + \$ 0.00     |
|              | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$0.00        |
|              |   |     | Total claim   |
| Total claims | 6f. Student loans   | 6f. | s101,508.00   |
| from Part 2  | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | 6g. | \$0.00        |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h. | \$0.00        |
|              | <ol><li>Other. Add all other nonpriority unsecured claims.<br/>Write that amount here.</li></ol>                  | 6i. | + \$34,185.00 |
|              |   |     |               |

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| Fill in this information to identify your case:  |  |
|--|--|
| Toronation N. A. I.  |  |
| Debtor First Name Middle Name Last Name  |  |
| Debtor 2 (Spouse If Ming) First Name   |  |
| United States Bankruptcy Court for the: Northern District of Illinois  |  |
| Case number  |  |
| (If known)   | ☐ Check if this is a   |
|  | amended filing   |
| Official Form 106G   |  |
|  |  |
| Schedule G: Executory Contracts ar   | nd Unexpired Leases 12/15  |
| Be as complete and accurate as possible. If two married people are filing information. If more space is needed, copy the additional page, fill it out additional pages, write your name and case number (if known).  1. Do you have any executory contracts or unexpired leases?  No. Check this box and file this form with the court with your other so Yes. Fill in all of the information below even if the contracts or leases  2. List separately each person or company with whom you have the coexample, rent, vehicle lease, cell phone). See the instructions for this   | chedules. You have nothing else to report on this form.  |
| unexpired leases.  | form in the instruction booklet for more examples of executory contracts and   |
| Parson or company with wh  |  |
| Person or company with whom you have the contract or lease   | State what the contract or lease is for  |
| 1 WPD Management   |  |
| Name   | Apartment Rental Voucher # T0139950  |
| 239 E 51st St,   |  |
| Number Street Chicago IL 60615   | and the state of t |
| City State ZIP Code  |  |
| 5 - Constitution of the state o |  |
| Name   |  |
| Number Street  |  |
| Number Street  |  |
| City State ZIP Code  | <del></del>  |
| The state of the s |  |
| Name   | Manage Control of the |
| Number Street  |  |
| Trainboy Street  |  |
| City State ZIP Code  | •••••  |
|  |  |
| Name   |  |
| Number: Chart  |  |
| Number Street  | •••  |
|  |  |
| City State ZIP Code  | _  |
| City State ZIP Code  |  |
| et en men en e  |  |
|  |  |
| Charles for the and the first seven more made and the reason of the seven more and the first seven the first seven and the fir |  |

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| Fill in this information to identify your case:  |  |
|--|--|
| Debtor 1 Tornnetta N. Walker   |  |
| First Name Middle Name Last Name  Debtor 2   |  |
| (Spouse, if filing) First Name Middle Name Last Name   |  |
| United States Bankruptcy Court for the: Northern District of Illinois  |  |
| Case number  |  |
| (if known)   | ☐ Check if this is ar  |
| 0000   | amended filing   |
| Official Form 106H   |  |
| Schedule H: Your Codebtors   | 12/15  |
| Codebtors are people or entities who are also liable for any debts you may have. E are filing together, both are equally responsible for supplying correct information. and number the entries in the boxes on the left. Attach the Additional Page to this case number (if known). Answer every question. | It more chace in peopled constable Additional Barry for the  |
| Do you have any codebtors? (If you are filling a joint case, do not list either spouse   | e as a codebtor )  |
| No   | ,  |
| Yes  |  |
| <ol> <li>Within the last 8 years, have you lived in a community property state or territo<br/>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, W.</li> </ol>   | ry? (Community property states and territories include   |
| No. Go to line 3.  | ashington, and Wisconsin.)   |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at the time   | 2  |
| □ No   | ic:  |
| Yes. In which community state or territory did you live?   | Fill in the name and current address of that names   |
|  | I iii iii tile hame and current address of that person.  |
| Name of your spouse, former spouse, or legal equivalent  | The Prince of the Contract of  |
| :  |  |
| Number Street  | nana.  |
|  |  |
| City State ZIP Code  |  |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor shown in line 2 again as a codebtor only if that person is a guarantor or cosign Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule E/F, or Schedule G to fill out Column 2.           | ner. Make sure you have listed the creditor on   |
| Column 1: Your codebtor  | Column 2: The creditor to whom you owe the debt  |
|  | Check all schedules that apply:  |
| 3.1  | D. Schodula D. lina  |
| Name   | Schedule D, line   |
| Number Street  | Schedule G, line   |
|  | - Coriodato O, Mile  |
| City         State         ZiP Code           3.2  .   |  |
| Name   | Schedule D, line   |
| rearie   | Schedule E/F, line   |
| Number Street  | Schedule G, line   |
| City State ZIP Code  |  |
| City State ZIP Code 3.3  | terrational deliberary and amount of the control of |
| Name   | Schedule D, line   |
|  | ☐ Schedule E/F, line   |
| Number Street  | ☐ Schedule G, line   |
| City State 7D Code   |  |

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|      | Fill in this information to identify   | your case:   |  |                 |  |                       |                                   |  |
|------|--|--|--|-----------------|--|-----------------------|-----------------------------------|--|
| r    | Debtor 1 Tornnetta N. V  | Valker   |  |                 |  |                       |                                   |  |
|      | First Name   | Middle Name  | Last Name                                |                 |  |                       |                                   |  |
| _    | Spouse, if filing) First Name  | Middle Name  | Last Name                                |                 |  |                       |                                   |  |
| Ĺ    | Inited States Bankruptcy Court for the:  | Northern District of Illinois  |  |                 |  |                       |                                   |  |
|      | Case number  |  |  |                 | Che  | ck if t               | his is:                           |  |
|      |  |  |  |                 |  | An am                 | nended filing                     |  |
|      |  |  |  |                 |  |                       | plement showing postpetition      | chapter 13   |
| O    | fficial Form 106I  |  |  |                 | _  |                       | e as of the following date:       |  |
| S    | chedule I: You   | ir income  |  |                 |  | VIIVI / L             | DD / YYYY                         | 12/15  |
| If y | as complete and accurate as popplying correct information. If you are separated and your spot parate sheet to this form. On the Describe Employm | ou are married and not fill use is not filling with you, at the of any additional pages. | ing jointly, and yo<br>do not include in | our sp<br>forma | ouse is living   | with y                | ou, include information about     | your spouse.   |
| 1.   | Fill in your employment information.   |  | Debtor 1                                 | ******          |  |                       | Debtor 2 or non-filing spo        | ouse   |
|      | If you have more than one job, attach a separate page with information about additional employers.   | Employment status  | ☑ Employed ☐ Not employ                  | /ed             | in the contract of the contrac | and the second second | Employed Not employed             | Anglandy Andreas Comment de Miller en de Comment de Com |
|      | Include part-time, seasonal, or self-employed work.  |  | License Eve                              | na na 4 8       | A a mika u   |                       |                                   |  |
|      | Occupation may include student or homemaker, if it applies.  | Occupation   | License Exe                              | при             | VIOTITOL   |                       |                                   |  |
|      |  | Employer's name  | Illinois Action                          | For             | Children   |                       |                                   | TERRITORIA CONTRACTORIA CONTRAC |
|      |  | Employer's address   | 4753 N Broa                              | dway            |  |                       | Number Street                     | MA-yallaring-organization and an artist of the second  |
|      |  |  | Chicago<br>City                          | Stat            | IL 606<br>e ZIP Code   | 40                    | City State                        | ZIP Code   |
|      |  | How long employed the  | re? 6mos                                 | =               |  |                       | 6mos                              |  |
|      | art 22: Give Details About   | Monthly Income   |  |                 |  |                       |                                   |  |
|      | Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a                | the date you file this form  | r, combine the info                      |                 |  |                       | ·                                 | non-filing   |
|      |  |  |  |                 | For Debto  | r 1                   | For Debtor 2 or non-filing spouse |  |
| 2.   | List monthly gross wages, sale deductions). If not paid monthly,   |  |  | 2.              | \$ <u>2,179.</u>   | <u>00</u>             | \$                                |  |
| 3.   | Estimate and list monthly over   | time pay.  |  | 3.              | + \$ 0.  | 00                    | + \$                              |  |
| 4.   | Calculate gross income. Add li   | ne 2 + line 3.   |  | 4.              | \$ <u>2,179.</u>   | 00                    | \$                                |  |

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| Debtor 1 Tornnetta N. Walker First Name Middle Name Last Name   |                         | Case number (it know                               | en).   |  |
|---|-------------------------|--|--|--|
| First Name Niddle Name Last Name  |                         |  |  |  |
|   | ** * *                  | For Debtor 1                                       | For Debtor 2 or non-filing spouse  |  |
| Copy line 4 here  | → 4,                    | <u>\$ 2,179.00</u>                                 | Antonina de la constante de la |  |
| 5. List all payroll deductions:   |                         |  |  |  |
| 5a. Tax, Medicare, and Social Security deductions   | _                       | 2770.00  |  |  |
| 5b. Mandatory contributions for retirement plans  | 5a.                     | \$ 376.00  | \$   |  |
| 5c. Voluntary contributions for retirement plans  | 5b.                     | \$ 0.00  | \$   |  |
| 5d Required repayments of retirement fund loans   | 5c.                     | \$ <u>0.00</u><br>\$ 0.00                          | \$   |  |
| 5e. Insurance   | 5d.<br>5e.              | \$ <u>0.00</u><br>\$ 0.00                          | \$   |  |
| 5f. Domestic support obligations  | 5 <del>6</del> .<br>5f. | \$ 0.00<br>\$ 0.00                                 | \$   |  |
| 5g. Union dues  |                         | \$ 0.00  | \$   |  |
| 5h. Other deductions. Specify:  | 5g.                     |  | \$   |  |
|   |                         | + \$ 0.00  | + \$   |  |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5  | 5h. 6.                  | \$376.00   | \$   |  |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                      | \$1,803.00   | \$   |  |
| 8. List all other income regularly received:  |                         |  |  |  |
| 8a. Net income from rental property and from operating a business,<br>profession, or farm   |                         |  |  |  |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 90                      | \$0.00   | \$   |  |
| 8b. Interest and dividends  | 8a.<br>8b.              | s 0.00   | •  |  |
| 8c. Family support payments that you, a non-filing spouse, or a dependent   |                         | \$   | Φ  |  |
| regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.                     | \$0.00_  | \$   |  |
| 8d. Unemployment compensation   | 8d.                     | s 0.00   | \$   |  |
| 8e. Social Security   | 8e.                     | \$0.00   | \$   |  |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistation that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Foodstamps | ance                    | \$ 60.00   | \$   |  |
| 8g: Pension or retirement income  | -<br>8g.                | s 0.00   | 6  |  |
| 8h. Other monthly income. Specify:  |                         |  |  |  |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | OII.<br>9. [            | + \$ 0.00<br>\$ 60.00                              | \$   |  |
| 10. <b>Calculate monthly income.</b> Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  | 10.                     | \$ 1,863.00  | \$   | s 1,863.00   |
| 11. State all other regular contributions to the expenses that you list in Scholinclude contributions from an unmarried partner, members of your household, friends or relatives.   |                         | pendents, your roomm                               | nates, and other   | Enterprise Control of the Control of |
| Do not include any amounts already included in lines 2-10 or amounts that are<br>Specify: Foodstamps  | e not ava               | ailable to pay expenses                            | s listed in <i>Schedule J.</i>   | • \$   |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The<br>Write that amount on the Summary of Your Assets and Liabilities and Certain   | e result i<br>Statistic | s the combined month<br>al Information, if it appl | ly income.   | \$ 1,863.00<br>Combined  |
| 13. Do you expect an increase or decrease within the year after you file this 2 No.   | form?                   |  |  | monthly income   |
| ☐ Yes. Explain:   |                         |  |  |  |

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| Fill in this information to ident  | ify your case:  |   |  |   |   |
|--|---|---|--|---|---|
| Debtor 1 Tornnetta N.  | Walker  |   |  |   |   |
| First Name Deblor 2  | Middle Name Last Name   | Che   | ck if this is  | •   |   |
| (Spouse, if filling) First Name  | Middle Name Last Name   |   | ∖n amende  |   |   |
| United States Bankruptcy Court for th  | e: Northern District of Illinois  |   | suppleme   | ent showing pos<br>s of the followir                                    | stpetition chapter 13   |
| Case number (if known)   |   | <u></u>   | IM / DD / Y  |   | ig date:  |
|  |   |   | ואו / טט / זאו   | 7 7 7   |   |
| Official Form 106J   | <u></u>   |   |  |   |   |
| Schedule J: Yo   |   |   |  |   | 12/15   |
| Be as complete and accurate as<br>nformation. If more space is nee<br>if known). Answer every questio                                      | possible. If two married people are fil<br>ded, attach another sheet to this form<br>n. | ling together, both are equ<br>n. On the top of any addit | ually respoi<br>ional pages  | nsible for supply,<br>write your nan                                    |   |
| arr≨A Describe Your Ho   | pusehold  |   |  |   |   |
| Is this a joint case?  |   |   |  |   |   |
| No. Go to line 2.  |   |   |  |   |   |
| Yes. Does Debtor 2 live in a   | separate household?   |   |  |   |   |
| No No Pohtor 3 must 4  | Fla Off 1 1 F   |   |  |   |   |
| Do you have the second 2 must f  | ile Official Form 106J-2, Expenses for S  | Separate Household of Debl                                | tor 2.   | d a d'A main in an athairspheasann an thair a tha bear an conserve in . |   |
| Do you have dependents?  Do not list Debtor 1 and  Debtor 2.   | ☐ No ☑ Yes. Fill out this information for each dependent                                | Dependent's relationship to<br>Debtor 1 or Debtor 2       | 0  | Dependent's<br>age  | Does dependent live with you?   |
| Do not state the dependents' names.  |   | Son   | and the second s | 9   | □ No □ Yes  |
|  |   | Son   |  | 2   | ☐ No  |
|  |   |   |  |   | ☑ Yes   |
|  |   |   |  |   | ☐ No<br>☐ Yes   |
|  |   |   |  |   | ☐ No  |
|  |   |   |  |   | Yes   |
|  |   |   |  |   | □ No  |
| Oo your expenses include   | ☑ No  |   |  |   | ☐ Yes   |
| expenses of people other than vourself and your dependents?  | Yes   |   |  |   |   |
| Estimate Your Ongoi  | ng Monthly Expenses   |   |  |   |   |
|  |   |   | ···  |   |   |
| enses as of a date after the ban   | bankruptcy filing date unless you ar<br>kruptcy is filed. If this is a supplemen        | e using this form as a sup<br>ntal Schedule J. check the  | oplement in  | a Chapter 13 ca   | se to report  |
|  |   |   | s box at tile  | top of the form   | and fill in the   |
| ude expenses paid for with non   | -cash government assistance if you  | know the value of   |  |   |   |
| h assistance and have included   | on schedule it tour income (Offici  | ial Form 106f.)   |  | Your expen  | S & S   |
| i assistance and nave included   | XDenses for your residence Include 6  | iret mortoe ·   | ٧.   |   |   |
| n assistance and nave included<br>The rental or home ownership e   | xpenses for your residence. Include fi  | irst mortgage payments and                                | 4.   | \$  | 48.00   |
| r assistance and nave included<br>The rental or home ownership e<br>any rent for the ground or lot.<br>f not included in line 4:           | xpenses for your residence. Include fi  | irst mortgage payments and                                |  | \$  | 48.00   |
| The rental or home ownership eany rent for the ground or lot.  If not included in line 4:  Real estate taxes                               | xpenses for your residence. Include fi  | irst mortgage payments and                                |  | \$  | 0.00  |
| The rental or home ownership eany rent for the ground or lot.  If not included in line 4:  Real estate taxes  Property, homeowner's, or re | xpenses for your residence. Include fi<br>enter's insurance                             | irst mortgage payments and                                | 4.   | \$<br>\$<br>\$  | and Market |
| The rental or home ownership e any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes                          | xpenses for your residence. Include fi<br>enter's insurance<br>and upkeep expenses      | irst mortgage payments and                                | 4.<br>4a.  | \$\$<br>\$\$  | 0.00  |

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Debtor 1 Tornnetta N. Walker

First Name Middle Name Last Name Case number (if known)

|     |  |           |   | expenses                                |
|-----|--|-----------|---|---|
|     | 5. Additional mortgage payments for your residence, such as home equity loans                        | 5.        | \$                                      | 0.00                                    |
|     | 6. Utilities:  |           |   |   |
|     | 6a. Electricity, heat, natural gas   | 6         | ¢                                       | 100.00                                  |
|     | 6b. Water, sewer, garbage collection   | 6a<br>6b. | *************************************** |   |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                   | 6c.       |   | <u>0.00</u><br>155.00                   |
|     | 6d Other. Specify:   | 6d.       |   | 0.00                                    |
|     | 7. Food and housekeeping supplies  | 7.        | •                                       | 450.00                                  |
| ;   | Childcare and children's education costs   |           | Φ                                       |   |
| (   | Clothing, laundry, and dry cleaning  | 8,<br>9,  | \$                                      | 400.00                                  |
| 10  | Personal care products and services  | 10.       | \$                                      |   |
| 11  | Medical and dental expenses  | 11.       | \$<br>\$                                | 0.00                                    |
| 12  | r  |           | Ψ                                       |   |
|     | Do not include car payments.   | 12.       | \$                                      | 120.00                                  |
| 13  | magazines, and books   | 13.       | \$                                      | 100.00                                  |
| 14  | Total and rengious dottations  | 14.       | \$                                      | 0.00                                    |
| 15  | Do not include insurance deducted from your pay or included in lines 4 or 20.                        |           |   |   |
|     | 15a. Life insurance  |           |   |   |
|     | 15b. Health insurance  | 15a.      | \$                                      | 15.00                                   |
|     | 15c. Vehicle insurance   | 15b.      | \$                                      | 0.00                                    |
|     |  | 15c.      | \$                                      | *************************************** |
|     | 15d. Other insurance. Specify:   | 15d.      | \$                                      | 0.00                                    |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                     |           |   |   |
|     | Specify:   | 16.       | \$                                      | 0.00                                    |
| 17  | Installment or lease payments:   |           |   |   |
|     | 17a. Car payments for Vehicle 1  | 17a.      | \$                                      | 327.00                                  |
|     | 17b. Car payments for Vehicle 2  | 17b.      | \$                                      | 0.00                                    |
|     | 17c. Other, Specify:   | 17c.      | \$                                      | 0.00                                    |
|     | 17d. Other, Specify:   | 17d.      | \$                                      | 0.00                                    |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from          |           |   |   |
|     | your pay on line 5, Schedule I, Your Income (Official Form 106I).                                    | 18.       | \$                                      | 0.00                                    |
| 19  | Other payments you make to support others who do not live with you.                                  |           |   |   |
|     | Specify:   | 19.       | \$                                      | 0.00                                    |
| 20  | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom. | ie.       |   |   |
|     | 20a. Mortgages on other property   | 20a,      | \$                                      | 0.00                                    |
|     | 20b. Real estate laxes   | 20b.      | \$                                      | Y                                       |
|     | 20c. Property, homeowner's, or renter's insurance  | 20b.      | \$                                      |   |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d.      | \$                                      |   |
|     | 20e. Homeowner's association or condominium dues   | 20a.      | \$                                      |   |
|     |  | 200.      | ·                                       | <u> </u>                                |

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| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  22  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 21. +\$                                  | 0.00<br>1,810.00<br>0.00<br>1,810.00   |
|--|--|--|
| 22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  22  3. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.                                    | 2b. \$2c. \$                             | 0.00<br>1,810.00   |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  22 23c. Add line 22a and 22b. The result is your monthly expenses.  23c. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above. | 2b. \$2c. \$                             | 0.00<br>1,810.00   |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23  24  25  26  27  27  28  29  20  20  20  20  20  20  20  20  20  | 2b. \$2c. \$                             | 0.00<br>1,810.00   |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  22 3. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.   | °CC. \$                                  | 1,810.00   |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above  | 3a. \$                                   | 1,863.00   |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above  | 3a. \$                                   | 1,863.00   |
| 23b. Copy your monthly expenses from line 22c above  | ,a,                                      |  |
|  | lb. — \$                                 | 1,810.00   |
| 23c. Subtract your monthly expenses from your monthly income.  | <u> </u>                                 | 1,010.00   |
| The result is your monthly net income.   | c. \$                                    | 53.00  |
| Do you expect an increase or decrease in your expenses within the year after you file this form?   |  |  |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  |  |  |
| £71 N  |  |  |
| Yes. Explain here:   | enter, come en establicado en entertan e | med a strong the decrease of the strong of t |

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|                         |  |   | Document                              | Page 39            | of 53              |                  |                    |                     |
|-------------------------|--|---|---------------------------------------|--------------------|--------------------|------------------|--------------------|---------------------|
| Fill in this infor      | rmation to iden                        | tify your case:                               |                                       |                    |                    |                  |                    |                     |
|                         | ornnetta N.                            |   |                                       |                    |                    |                  |                    |                     |
| Pin<br>Debtor 2         | st Name                                | Middle Name                                   | Last Name                             |                    |                    |                  |                    |                     |
| (Spouse, if filing) Fin | st Name                                | Middle Name                                   | Last Name                             |                    |                    |                  |                    |                     |
| United States Ban       | kruptcy Court for                      | the: Northern District o                      | of Illinois                           |                    |                    |                  |                    |                     |
| Case number             |  |   |                                       |                    |                    |                  |                    |                     |
| (a to town)             |  |   |                                       |                    |                    |                  |                    | Check if this is ar |
| ·····                   | ************************************** |   |                                       |                    |                    |                  |                    | mended filing       |
|                         |  |   |                                       |                    |                    |                  |                    |                     |
| Official F              | Form 106                               | Dec   |                                       |                    |                    |                  |                    |                     |
| Decla                   | rstion                                 | About an                                      | Individua                             | I Make             | ada e              | -L-d             | 1                  |                     |
|                         |  | ALLO ON C. CARL                               | ENCELVERACE                           |                    | .V: 3 V:           | SIICAA           | 169                | 12/15               |
| If two married          | d people are fili                      | ng together, both are                         | e equally responsible                 | for supplying o    | correct inform     | ation.           |                    |                     |
| You must file           | this form when                         | never you file bankru                         | ptcy schedules or am                  | ended schedu       | les. Making a      | false stateme    | nt, concealing     | property, or        |
| obtaining mor           | ney or property                        | / by fraud in connect<br>152, 1341, 1519, and | tion with a bankruptcy                | case can resu      | ilt in fines up t  | o \$250,000, o   | r imprisonmen      | t for up to 20      |
| years, or bott          | 10 0.0.0. 93                           | 132, 1341, 1315, and                          | 337 1.                                |                    |                    |                  |                    |                     |
|                         |  |   |                                       |                    |                    |                  |                    |                     |
| summer s                | ign Below                              |   |                                       |                    |                    |                  |                    |                     |
|                         |  |   |                                       |                    |                    |                  |                    |                     |
| Did you pa              | ay or agree to :                       | pay someone who is                            | NOT an attorney to he                 | elp vou fill out l | bankruptcy fo      | rms?             |                    |                     |
| ₩ No                    |  | •   | ,                                     |                    |                    |                  |                    |                     |
|                         | Name of person                         |   |                                       | Attach (           | Bankruntov Petitir | nn Pranarar's No | tice, Declaration, | and                 |
|                         | · · · · · · · · · · · · · · · · · · ·  |   | · · · · · · · · · · · · · · · · · · · |                    | re (Official Form  |                  | ace, Decidration,  | anu                 |
|                         |  |   |                                       | . •                | •                  | •                |                    |                     |
|                         |  |   |                                       |                    |                    |                  |                    |                     |
|                         |  |   |                                       |                    |                    |                  |                    |                     |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

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|                      | ens monation to 10  | entify your case:  |  |  |  |  |
|----------------------|---|--|--|--|--|--|
| Debtor 1             | 1 Tornnetta N   | J Walker   |  |  |  |  |
| Ceptoi               | First Name  | Middle Name  | Last Name  |  |  |  |
| Debtor 2<br>(Spouse, | 2<br>if filing) First Name  | Middle Name  | Last Name  |  |  |  |
|                      |   |  |  |  |  |  |
| omited S             | States Bankruptcy Court is  | or the: Northern District o  | f Illinois   |  |  |  |
| lase nu<br>If kaown  |   |  |  |  | П.   |  |
|                      |   |  |  |  |  | heck if this is ar<br>mended filing                  |
|                      |   |  |  |  | ų.   | mended ining   |
|                      |   |  |  |  |  |  |
| ffici                | al Form 107   |  |  |  |  |  |
| tate                 | ement of Fi   | -<br>nancial Affai   | rs for Indiv   | viduals Filing for I   | Zanlewina.   | 04/1   |
|                      | (if known). Answer e  | meeueu, allach a sebal   | ate sneet to this fo   | g together, both are equally responses; m. On the top of any additional                        | oonsible for supplying c<br>pages, write your name | orrect<br>and case                                   |
| Wha                  | at is your current mar  |  | The state of the s | on moen perofe   |  |  |
|                      |   | nai status i   |  |  |  |  |
| Δ. V                 | Married   |  |  |  |  |  |
| KT V                 | Not married   |  |  |  |  |  |
| •                    | Debtor 1:   | es you lived in the last 3   | Dates Debtor 1   | e where you live now.  Debtor 2:   |  |  |
|                      |   |  | lived there  | Debtor 2.  |  | Dates Debtor 2<br>ived there                         |
|                      |   |  |  |  | ſ  | ived there   |
|                      | 0118 S Eccay A  | NO.  |  | Same as Debtor 1   | ſ  | ived there   |
|                      | 9118 S Essex A  | ve   |  | ☐ Same as Debtor 1   | ſ  | ived there   |
|                      |   | ve   | lived there  |  | ſ  | ived there  Same as Debtor 1                         |
|                      | Number Street   | ve   | lived there  | ☐ Same as Debtor 1   | ſ  | ived there  Same as Debtor 1  From                   |
|                      | Number Street  Chicago  | IL   | lived there  | ☐ Same as Debtor 1   | ſ  | ived there  Same as Debtor 1  From                   |
|                      | Number Street   |  | lived there  | Same as Debtor 1  Number Street  | ſ  | ived there  Same as Debtor 1  From                   |
|                      | Number Street  Chicago  | IL   | lived there  | Same as Debtor 1  Number Street  City Sta  | ate ZIP Code                                       | ived there  Same as Debtor 1  From  To               |
|                      | Number Street  Chicago City   | IL<br>State ZIP Code   | lived there  From To   | Same as Debtor 1  Number Street  | ate ZIP Code                                       | ived there  Same as Debtor 1  From                   |
|                      | Number Street  Chicago  | IL<br>State ZIP Code   | From   | Same as Debtor 1  Number Street  City Sta  | ate ZIP Code                                       | Same as Debtor 1  From To                            |
|                      | Chicago City  10740 S. Calume   | IL<br>State ZIP Code   | lived there  From To   | Same as Debtor 1  Number Street  City Str  | ate ZIP Code                                       | Same as Debtor 1  From To Same as Debtor 1           |
|                      | Chicago City  10740 S. Calume Number Street   | IL<br>State ZIP Code<br>et   | From   | Same as Debtor 1  Number Street  City Str  | ate ZIP Code                                       | Same as Debtor 1  From To  Same as Debtor 1  From    |
|                      | Chicago City  10740 S. Calume Number Street  Chicago  | IL<br>State ZIP Code<br>et<br>IL 60628   | From   | Same as Debtor 1  Number Street  City Str  Same as Debtor 1  Number Street                     | ate ZIP Code                                       | Same as Debtor 1  From To  Same as Debtor 1  From    |
|                      | Chicago City  10740 S. Calume Number Street   | IL<br>State ZIP Code<br>et   | From   | Same as Debtor 1  Number Street  City Str  | ate ZIP Code                                       | Same as Debtor 1  From To  Same as Debtor 1  From    |
| states               | Chicago City  10740 S. Calume Number Street  Chicago City  in the last 8 years, diss and territories include                | IL State ZIP Code  et  IL 60628 State ZIP Code   | From To To   | Same as Debtor 1  Number Street  City Str  Same as Debtor 1  Number Street                     | ate ZIP Code                                       | Same as Debtor 1  From To  Same as Debtor 1  From To |
| states<br>✓ N        | Chicago City  10740 S. Calume Number Street  Chicago City  Chicago City  in the last 8 years, dies and territories included | IL State ZIP Code  et  IL 60628 State ZIP Code  d you ever live with a sign of the properties of the p | From  From  To  From  To  Oouse or legal equives the control of the co                           | Same as Debtor 1  Number Street  City Sta  Same as Debtor 1  Number Street  City Sta  City Sta | ate ZIP Code                                       | Same as Debtor 1  From To  Same as Debtor 1  From To |
| states<br>✓ N        | Chicago City  10740 S. Calume Number Street  Chicago City  Chicago City  in the last 8 years, dies and territories included | IL State ZIP Code  et  IL 60628 State ZIP Code   | From  From  To  From  To  Oouse or legal equives the control of the co                           | Same as Debtor 1  Number Street  City Sta  Same as Debtor 1  Number Street  City Sta  City Sta | ate ZIP Code                                       | Same as Debtor 1  Same as Debtor 1  From To To       |
| states<br>✓ N        | Chicago City  10740 S. Calume Number Street  Chicago City  Chicago City  in the last 8 years, dies and territories included | IL State ZIP Code  et  IL 60628 State ZIP Code  d you ever live with a sign of the properties of the p | From  From  To  From  To  Oouse or legal equives the control of the co                           | Same as Debtor 1  Number Street  City Sta  Same as Debtor 1  Number Street  City Sta  City Sta | ate ZIP Code                                       | Same as Debtor  To  Same as Debtor 1  From  To       |

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| ebtor 1 Tornnetta N. Walker Flist Name Middle Name Last   | Name  | Case ni  | umber (if known)  |  |
|---|---|--|---|--|
| <ul> <li>Did you have any income from employment Fill in the total amount of income you received if you are filling a joint case and you have income No</li> <li>Yes. Fill in the details.</li> </ul> | a von con jour and an one   | Messes including not t   | ma matiritim.   | endar years?   |
|   | Debtor 1  |  | Debtor 2  |  |
|   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                | Gross income (before deductions and exclusions)                  |
| From January 1 of current year until the date you filed for bankruptcy:   | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business                             | \$3,268.00   | Wages, commissions, bonuses, tips                         | \$   |
| For last calendar year: (January 1 to December 31, 2016)  | <ul> <li>✓ Wages, commissions, bonuses, tips</li> <li>✓ Operating a business</li> </ul> | \$17,530.00  | Operating a business  Wages, commissions, bonuses, tips   | \$   |
| For the calendar year before that:  | Wages, commissions, bonuses, tips   |  | U Operating a business  Wages, commissions, bonuses, tips |  |
| (January 1 to December 31, 2015 YYYY  | Operating a business  | \$   | Operating a business                                      | \$   |
| unemployment, and other public benefit payme gambling and lottery winnings. If you are filing a List each source and the gross income from each No Yes. Fill in the details.                          | a joint case and you have   | income that you receive  | d together, list it only once                             | uits; royalties; and<br>under Debtor 1.                          |
|   | Debtor 1  |  | Debtor 2  |  |
|   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below,                      | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:   | (   |  |   | \$<br>\$   |
| _   |   |  |   | \$   |
| For last calendar year:   |   |  |   | \$   |
| (January 1 to December 31,2016_)  | \$  |  |   | \$<br>\$   |
| For the calendar year before that:  | \$  |  |   | \$   |
|   |   |  |   |  |

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|             | Tornnetta N. Walker  |   | Casa                                      | number (it known)  |                      |
|-------------|--|---|---|--|----------------------|
|             | First Name Middle Name Last Name   |   | Case                                      | Humber (# known)   |                      |
| Part 3:     | List Certain Payments You Made Befo  | owa Van Film                            |   |  |                      |
|             | Tou Made Ben   | ore You Filed                           | d for Bankruptcy                          |  |                      |
| 6. Are eith | ner Debtor 1's or Debtor 2's debts primarily   |   | -1-0                                      |  |                      |
|             |  |   |   |  |                      |
| hand INU.   | Neither Debtor 1 nor Debtor 2 has primaril<br>"incurred by an individual primarily for a person                        | onal, family, or                        | nousehold purpose."                       |  | 11(8) as             |
|             | During the 90 days before you filed for bankro   | uptcy, did you p                        | pay any creditor a total o                | f \$6,425* or more?  |                      |
|             | No. Go to line 7.  |   |   |  |                      |
|             | Yes. List below each creditor to whom you total amount you paid that creditor. E child support and alimony. Also, do r | 20 not include t                        | 18Vments for domestic s                   | unnart abligations, such as  |                      |
|             | * Subject to adjustment on 4/01/19 and every   | 3 years after the                       | nat for cases filed on or a               | after the date of adjustment   |                      |
| ☑ Yes.      | . Debtor 1 or Debtor 2 or both have primarily  |   |   | and the displacement.  |                      |
|             | During the 90 days before you filed for bankru   | ptcy, did you p                         | av anv creditor a total of                | f \$600 or more?   |                      |
|             | ☑ No. Go to line 7.  |   |   |  |                      |
|             | Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymer   | ' domestic sitot                        | nort obligations, such as                 | child support and  |                      |
|             |  | Dates of payment                        | Total amount paid                         | Amount you still owe   | Was this payment for |
|             |  |   | \$  | \$   |                      |
|             | Creditor's Name  |   | -   |  | ☐ Mortgage<br>☐ Car  |
|             | Number Street  |   |   |  | ☐ Credit card        |
|             |  |   |   |  | Loan repayment       |
|             |  |   |   |  | Suppliers or vendors |
|             | City State ZIP Code  |   |   |  | Other                |
|             |  |   | tota tima assista a anala antaga masa a a | the statement of the same of t |                      |
|             |  |   | \$  | \$   |                      |
|             | Creditor's Name  |   |   |  | ☐ Mortgage<br>☐ Car  |
|             | Number Street  | *************************************** |   |  | Credit card          |
|             | IATELIES ON SEE  |   |   |  | Loan repayment       |
|             |  |   |   |  | Suppliers or vendors |
|             | City State ZIP Code  | 4                                       |   |  | Other                |
|             | Oily State ZIP Code  |   |   |  |                      |
|             | <del></del>  |   | ••  |  |                      |
|             | Creditor's Name  | ****                                    | \$  | \$   | ☐ Mortgage           |
|             | 2  |   |   |  | ☐ Car                |
|             | Number Street  |   |   |  | Credit card          |
|             |  |   |   |  | Loan repayment       |
|             |  |   |   |  | Suppliers or vendors |
|             |  |   |   |  | Other                |

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|                  | Tornnetta<br>First Name                                   | N. Walke                                       |                       |  |                     | Case number (if know   |  |
|------------------|---|--|-----------------------|--|---------------------|--|--|
|                  | First Name  | Middle Name                                    | Last Name             |  | <del></del>         | Case number (if know   | n)   |
| rpo<br>ent<br>ch | rations of which<br>, including one f<br>as child support | you are an of<br>or a business<br>and alimony. | fficer, director, per | realives of any  | / general partners; | partnerships of whi  | who was an insider? ich you are a general partner; g securities; and any managing or domestic support obligations,   |
| Ye               | es. List all payme  | ents to an insi                                | ider.                 | Dates of payment   | Total amount paid   | Amount you still<br>owe ,  | Reason for this payment  |
| Ĩ                | nsider's Name   |  |                       |  | \$                  | _ \$   |  |
| Ñ                | Jumber Street   |  | -                     |  |                     |  |  |
| _                |   |  |                       |  |                     |  | for the second second  |
| Ċ                | ity   | St   | tate ZIP Code         | <b>-</b>   |                     |  |  |
| Īr               | sider's Name  | ***************************************        |                       |  | \$                  | \$   | The commentation of the co |
| N                | umber Street  |  |                       |  |                     |  |  |
| Ci               | ty  | Sta  | ate ZIP Code          | -  |                     |  |  |
|                  |   |  | eankruptcy, did y     |  | ayments or trans    | fer any property o   | n account of a debt that benefited   |
| No<br>Yes        | s. List all paymer  | nts that benefi                                | ited an insider.      |  |                     |  |  |
|                  |   |  |                       | Dates of<br>payment  | Total amount paid   | Amount you still owe   | Reason for this payment include creditor's name  |
| Ins              | ider's Name   |  |                       | ***************************************  | \$                  | \$   |  |
| Nu               | mber Street   |  |                       | Processing and Advantage of the Control of the Cont |                     | Patri i indirección periodo pe |  |
| Cit              |   |  |                       | W  |                     | W (252-1)  |  |
| UII)             |   | Stat   | te ZIP Code           |  |                     |  |  |
| Însi             | der's Name  |  |                       |  | \$                  | \$   |  |
| Nur              | nber Street   | AMARIA AND AND AND AND AND AND AND AND AND AN  |                       |  |                     | hadamadi yinda didi ishawa   |  |
|                  |   |  |                       | managed to recover an analysis of the  |                     | Approximate West Labor.  |  |
| City             | ***************************************                   | State  | e ZIP Code            |  |                     |  |  |

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|  | Repossessi  | ions, and Foreclosur   | es   |                  |  |
|--|-------------|--|--|------------------|--|
| thin 1 year before you filed for be<br>all such matters, including person<br>discontract disputes. | ankruptev w | oro you a party is seed  |  | inistrative proc | eeding?<br>oport or custody modification |
| Yes. Fill in the details.  |             |  |  |                  |  |
|  | Nat         | ure of the case  | Court or agency  |                  | Status of the cas                        |
| Case title   |             |  |  |                  |  |
|  |             |  | Court Name   |                  | Pending                                  |
|  |             |  | Number Street  | ····             | On appeal                                |
| Case number  |             |  | 3,700  |                  | Concluded                                |
|  |             |  | City Stat  | e ZIP Code       | ****                                     |
|  |             |  |  |                  |  |
| Case title   |             |  | Court Name   |                  | - Penaing                                |
|  |             |  |  |                  | On appeal                                |
| Case number  |             |  | Number Street  |                  | Concluded                                |
|  |             | to the second                      | City State   | ZIP Code         |  |
|  |             |  |  |                  |  |
| es. Fill in the information below.   |             | Describe the property  |  | Date             | Value of the property                    |
|  |             | Describe the property  |  | Date             | Value of the property                    |
| Creditor's Name  |             | Describe the property  |  | Date             | Value of the property                    |
| Creditor's Name  |             |  |  |                  |  |
|  |             |  |  |                  |  |
| Creditor's Name  |             | Explain what happene   | possessed.   |                  |  |
| Creditor's Name  |             | Explain what happened Property was re Property was for   | possessed.   |                  |  |
| Creditor's Name  | ZIP Code    | Explain what happened Property was re Property was for Property was ga   | possessed.   |                  |  |
| Creditor's Name  Number Street   | ZIP Code    | Explain what happened Property was re Property was for Property was ga   | possessed.<br>reclosed.<br>irnished.                                   |                  |  |
| Creditor's Name  Number Street   | ZIP Code    | Explain what happened Property was re Property was for Property was ga   | possessed.<br>reclosed.<br>irnished.                                   |                  | \$                                       |
| Creditor's Name  Number Street  City State   | ZIP Code    | Explain what happened Property was re Property was for Property was ga   | possessed.<br>reclosed.<br>irnished.                                   |                  | \$                                       |
| Creditor's Name  Number Street   | ZIP Code    | Explain what happened Property was re Property was for Property was ga   | possessed.<br>reclosed.<br>irnished.                                   |                  | \$                                       |
| Creditor's Name  Number Street  City State   | ZIP Code    | Explain what happened Property was re Property was for Property was ga Property was att Describe the property                        | possessed.<br>reclosed.<br>arnished.<br>tached, seized, or levied.     |                  | \$                                       |
| Creditor's Name  Number Street  City State  Creditor's Name  | ZIP Code    | Explain what happened Property was re Property was go Property was att Property was att Describe the property  Explain what happened | possessed. reclosed. arnished. tached, seized, or levied.              |                  | \$Value of the property                  |
| Creditor's Name  Number Street  City State  Creditor's Name  | ZIP Code    | Explain what happened Property was re Property was ga Property was att Pescribe the property  Explain what happened Property was rep | possessed. reclosed. trached, seized, or levied. d                     |                  | \$                                       |
| Creditor's Name  Number Street  City State  Creditor's Name  | ZIP Code    | Explain what happened Property was re Property was go Property was att Property was att Describe the property  Explain what happened | possessed. reclosed. trached, seized, or levied. d cossessed. eclosed. |                  | \$Value of the property                  |

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| First Name Middle Name  Fithin 90 days before you filed for ban counts or refuse to make a payment  No   | Last Name Case number (# known   | 7)   |                   |
|--|--|--|-------------------|
| Vithin 90 days before you filed for ban<br>ccounts or refuse to make a payment<br>1 No   |  |  |                   |
| Vithin 90 days before you filed for ban<br>ccounts or refuse to make a payment<br>1 No   |  |  |                   |
| 1 No   | kruptcy, did any creditor, including a hank or financial incite  |  |                   |
| <b>₩</b> 100   | because you owed a debt?   | ution, set off any a   | amounts from your |
| Yes. Fill in the details.  |  |  |                   |
| a voc. i iii iii the details.  |  |  |                   |
|  | Describe the action the creditor took  | Date action  | Amount            |
| Creditor's Name  |  | was taken  | Amount            |
|  | To a defendance of the control of th |  |                   |
| Number Street  |  | <u></u>  | \$                |
|  |  | )  |                   |
|  | The state of the s |  |                   |
| City State ZIP Code  | Last 4 digits of account number: XXXX  |  |                   |
|  |  |  |                   |
| thin 1 year before you filed for bankru  | iptcy, was any of your property in the possession of an assignated in the possession of a possession of the possession of t | inga for the home  | ::a _ £           |
| editors, a court-appointed receiver, a c   | custodian, or another official?  | linee for the benef  | It of             |
| Yes  |  |  |                   |
| tes  |  |  |                   |
| List Certain Gifts and Contrib   |  |  |                   |
| List Certain Gifts and Contrib   | putions  |  |                   |
| Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave<br>the gifts  | Value             |
|  | The state of the s | the girts  |                   |
| Person to Whom You Gave the Gift   |  |  |                   |
|  |  |  | •                 |
| The same of the sa |  |  | \$                |
| Sold the Ont   |  |  | \$                |
|  |  | And the same of th | \$                |
| Number Street  |  |  | \$                |
|  |  |  | \$                |
| Number Street  City State ZIP Code   |  | Marie and the second se | \$                |
| Number Street  |  |  | \$                |
| Number Street  Sity State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600  | Describe the gifts   | Date   | \$                |
| Number Street  Sity State ZIP Code  Person's relationship to you   | A description of the control of the  | Dates you gave<br>the gifts  | \$                |
| Number Street  Sity State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 ter person   | Describe the gifts   |  | \$                |
| Number Street  Sity State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600  | Describe the gifts   |  | \$                |
| Number Street  Sity State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 ter person   | Describe the gifts   |  |                   |
| Number Street  Sity State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 ter person   | Describe the gifts   |  |                   |
| Number Street  City State ZiP Code  Person's relationship to you  Cifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  | Describe the gifts   |  |                   |
| Number Street  Sity State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 ter person   | Describe the gifts   |  |                   |
| Number Street  City State ZiP Code  Person's relationship to you  Cifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  | Describe the gifts   |  |                   |

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| tor 1 Tornnetta N  | 1. Walker<br>Modle Name                                  | Last Name Case number (if kn   | 70Wn)   |                                      |
|--|--|--|---|--------------------------------------|
|  |  |  |   |                                      |
| Within 2 years before y  | ou filed for bank  | ruptcy, did you give any gifts or contributions with a total   | Value of more than  | * \$600 4                            |
| Ves. Fill in the details   | n for 1 16   |  | The of more than  | i about to any charity               |
| minatine details   |  | Ontribution.   |   |                                      |
| Gifts or contributions that total more than \$   | s to charities<br>\$600                                  | Describe what you contributed  | Date you contributed  | Value                                |
|  |  |  |   |                                      |
| Charity's Name   |  |  |   | \$                                   |
|  |  | _  |   |                                      |
|  |  |  | <del></del>   | \$                                   |
| Number Street  |  | _  |   |                                      |
|  |  |  |   |                                      |
| City State ZII   | P Code   |  | and Committee   |                                      |
|  |  | Community of the state of the s |   |                                      |
| 6) List Certain L  |  |  |   |                                      |
| List Certain Li  | osses  |  |   |                                      |
| No   | rout boot and  | otcy or since you filed for bankruptcy, did you lose anythin  Describe any insurance coverage for the loss   | Date of your  |                                      |
| No Yes. Fill in the details.  Describe the property of   | rout boot and  | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.   | Date of your  | Value of property                    |
| No Yes. Fill in the details.  Describe the property of   | rout boot and  | Describe any insurance coverage for the loss   | Date of your  | Value of property                    |
| No Yes. Fill in the details.  Describe the property of   | rout boot and  | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.   | Date of your  | Value of property                    |
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| Person Who Made the Payment, if Not You  |  |  |
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| ithin 1 year before you flight for the   |  | n  |
| Omised to help you doct with   | nkruptcy, did you or anyone else acting on your bel  | half pay or transfer any property to anyone  |
| o not include any payment or transfer  | creditors or to make payments to your creditors?   | 1 19 and any property to anyone who  |
| payment of transfer  | trial you listed on line 16.   |  |
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|   | Last Name  | Case number (  | if known)  |  |
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| are a beneficiary? (These are often ca  | alled asset-protection devices   | perty to a self-settled t  | rust or similar device o   | f which you  |
| ☑ No  | protection devices.)   |  | · - •  | · which you  |
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| Within 1 year before you filed for bank<br>closed, sold, moved, or transferred?   | runtey ware  | er soxes, and Storag   | ge Units   |  |
| closed, sold, moved, or transformed   | ruptcy, were any financial accounts  | s or instruments held in   | VOUR name, or fem.   | r box of   |
| "THE PROPERTY OF THE PROPERTY | mate de la compansión d |  | your name, or for you  | r benefit,   |
| nclude checking, savings, money mar<br>prokerage houses, pension funds, coc   | Ket, or other financial accounts; ce   | rtificates of deposit: sh  | ares in hanks are are  |  |
| prokerage houses, pension funds, cod<br>No  | pperatives, associations, and other  | financial institutions.  | a. 44 m panks, credit u  | nions,   |
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| and uctans,   |  |  |  |  |
|   | Last 4 digits of account number  | Type of account or   | Date   |  |
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| Name of Financial Institution   | Triuman.   |  | or transferred   | closing or transfe   |
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| 22. Ha   | ve you stored property in a storag<br>No<br>Yes. Fill in the details.  | ge unit or place other than your home with   | nin 1 year before you filed for bankru  | uptcy?   |
|--|--|--|---|--|
|  |  | Who else has or had access to it?  | Describe the contents   | Do you s   |
|  | Name of Storage Facility   | Name   |   | have it?   |
|  | Number Street  | Number Street  | :   | Yes  |
|  |  | City State ZIP Code  |   |  |
|  | City State ZIP C   |  |   |  |
| e Ti   | Identify Property You I  | Hold or Control for Someone Else   |   | •  |
| . Do<br>or l   | you hold or control any property hold in trust for someone.  | that someone else owns? Include any pro  | perty you borrowed from, are storing  | ng for,  |
| Y  | No<br>Yes. Fill in the details.  |  |   | •  |
|  | m the details,   | Where is the property?   | Pagaritic ()  |  |
|  |  |  | Describe the property   | Value  |
|  | Owner's Name   | <del></del>  |   |  |
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|  | Number Street  | Number Street  |   | \$ <u></u>                                       |
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| Debtor 1 Tornnetta N. Walker First Name Middle Name  |  | Case number (if known)   |                                       |
|--|--|--|---------------------------------------|
| silodie Natite   | Last Name  | Cast Harriston (Francisco)   |                                       |
| 25. Have you notified any governmenta  | of unit of proventages of  |  |                                       |
| ☑ No   | is unit of any release of hazardous n                                      | naterial?  |                                       |
| Yes. Fill in the details.  |  |  |                                       |
|  | Governmental unit  | Environmental law, if you know it  | Deta at walks                         |
|  |  |  | Date of notice                        |
| Name of site   | Governmental unit  | :  |                                       |
| Number Street  | Number Street  |  |                                       |
|  | variabet 2006f   |  |                                       |
| ***************************************  | City State ZIP Co-   | de   |                                       |
| City State ZIP (   | Code   |  |                                       |
| 26. Have you been a narty in any indicate  |  |  | * *********                           |
| No   | n or administrative proceeding unde  | er any environmental law? Include settlements a  | nd orders.                            |
| Yes. Fill in the details.  |  |  |                                       |
|  | Court or agency  | Nature of the case   | Status of the                         |
| Case title   |  |  | case                                  |
|  | Court Name   | 7700   | ☐ Pending                             |
|  |  |  | On appeal                             |
|  | Number Street  |  | Concluded                             |
| Case number  | City State 21  | B Code   |                                       |
|  | , , , , ,  |  |                                       |
| Part [1] Give Details About You  | ir Business or Connections to  | Any Business   |                                       |
| 7. Within 4 years before you filed for ba  | inkruptcy, did you own a business (  | or have any of the following connections to any i  | ousiness?                             |
| - A member of a milited hability   | oyed in a trade, profession, or other company (LLC) or limited liability p | or nave any of the following connections to any f<br>or activity, either full-time or part-time  |                                       |
| A parmer in a partnership  |  | (ELI)  |                                       |
| An officer, director, or managi  |  |  |                                       |
|  | voting or equity securities of a cor                                       | poration   |                                       |
| ☑ No. None of the above applies. Go ☐ Yes. Check all that apply above a  | o to Part 12.  | h*   |                                       |
| (,,,, ======   | Describe the nature of the busi  |  |                                       |
| Business Name  |  | The state of the s |                                       |
| M  |  | EIN:   |                                       |
| Number Street  | Nama of accounts as hardles  |  |                                       |
| \$00-16-10-10-10-10-10-10-10-10-10-10-10-10-10-  | Name of accountant or bookker  | eper Dates business existed  |                                       |
| and the second s |  | From To  |                                       |
| City State ZIP Co.   | Describe the nature of the busin   |  | a a a a a a a a a a a a a a a a a a a |
| Business Name  |  | ness Employer Identification numb  Do not include Social Security  |                                       |
|  |  |  | 1                                     |
| Number Street  | Name of occupation   | · · · · · · · · · · · · · · · · · · ·  | e-odd commany                         |
| No.  | Name of accountant or bookkee  | pper Dates business existed  | White or new                          |
|  |  | From To  | HAMIPA AVAN                           |
| City State ZIP Cod   | Je Je  |  | <del></del>                           |

# Case 18-03788 Doc 1 Filed 02/12/18 Entered 02/12/18 16:20:58 Desc Main Document Page 51 of 53

| 1 Tornnetta N. Wa<br>First Name Middle Name                |  |                                 | Case number (if known)  |
|--|--|---------------------------------|---|
|  |  |                                 |   |
|  | Descri   | ibe the nature of the business  | Employer Identification number  Do not include Social Security number or ITIN.  |
| Business Name  | and the second s |                                 | EIN:  |
| Number Street  |  | of accountant or bookkeeper     | Dates business existed  |
| City State   | ZIP Code   |                                 | From To   |
|  | l for bankruptcy, did y<br>r parties.  | ou give a financial statement t | to anyone about your business? Include all financial  |
| No<br>Yes. Fill in the details below                       | w.   |                                 |   |
|  | Date iss   | sued                            |   |
| Name   | MM / DD  | TYYYY                           |   |
| Number Street  |  |                                 |   |
| A-4  | Pitter for a second of the following second of the fol |                                 |   |
| City State   | ZIP Code   |                                 |   |
|  |  |                                 |   |
| Sign Below   |  |                                 |   |
| nowers are true and correct,                               | . I understand that mak<br>tcy case can result in t  | King a talse statement, concea  | nts, and I declare under penalty of perjury that the<br>uling property, or obtaining money or property by fraud<br>conment for up to 20 years, or both. |
| 1  | Milher   | -<br>*                          |   |
| (Sb) notte   | , I could  | ••                              |   |
| Signature of Debtor 1                                      | · Vacce or   | Signature of Debtor 2           |   |
| Date 2 9 20 8  | es to Your Statement (   | Date                            | uals Filing for Bankruptcy (Official Form 107)?   |
| Date 2 9 20 8 d you attach additional page                 | es to Your Statement of  | Date                            | uals Filing for Bankruptcy (Official Form 107)?   |
| Date 2 9 20 8<br>d you attach additional page<br>No<br>Yes |  | Date                            |   |

#### Case 18-03788 Doc 1 Filed 02/12/18 Entered 02/12/18 16:20:58 Desc Main Document Page 52 of 53

| Debtor 1 Tornnetta N. Walker First Name Middle Name Last Name  Debtor 2 (Spouse, if filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois  Case number (If known) | FILLIN TINE IN  | formation to ide   | entify your case:            |   |  |
|--|-----------------|--------------------|------------------------------|---|--|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois  Case number  | Debtor 1        |                    |                              |   |  |
| (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois  Case number   | Debtor 2        | First Name         | Middle Name                  | Last Name   |  |
| Case number  |                 | First Name         | Middle Name                  | Last Name   |  |
|  | United States E | Bankruptcy Court f | or the: Northern District of | Illinois  |  |
|  |                 |                    | THE WALLAND CO.              | TO PROPERTY AND ADMINISTRATION OF THE PROPERTY AND |  |

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: information below. | t 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the |  |  |  |
|---|--|--|--|--|
| Identify the creditor and the property that is collateral                     | What do you intend to do with the property that secures a debt?                                    | Did you claim the property as exempt on Schedule C?  |  |  |
| Creditor's name: Credit Acceptance Corp                                       | ☑ Surrender the property.  | □ No   |  |  |
|   | Retain the property and redeem it.   | ☑ Yes  |  |  |
| Description of Automobile property securing debt:                             | Retain the property and enter into a<br>Reaffirmation Agreement.                                   |  |  |  |
| -   | Retain the property and [explain]:   |  |  |  |
| Creditor's name:  | Surrender the property.  | Omerania and an anti-complete and anti-complete and an anti-complete and anti-complete anti-complete and anti-c |  |  |
|   | Retain the property and redeem it.   | ☐ Yes  |  |  |
| Description of property securing debt:  | Retain the property and enter into a<br>Reaffirmation Agreement.                                   |  |  |  |
|   | Retain the property and [explain]:   |  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |  |  |
| name:   | Retain the property and redeem it.   | ☐ Yes  |  |  |
| Description of property securing debt:  | Retain the property and enter into a Reaffirmation Agreement.                                      |  |  |  |
| 9   | Retain the property and [explain]:   |  |  |  |
| Creditor's  | ☐ Surrender the property.  | ☐ No   |  |  |
| name;   | Retain the property and redeem it.   | Yes  |  |  |
| Description of property securing debt:  | Retain the property and enter into a Reaffirmation Agreement.                                      |  |  |  |
| •   | Retain the property and [explain]:   |  |  |  |
|   |  |  |  |  |

Check if this is an amended filing

12/15

#### Case 18-03788 Doc 1 Filed 02/12/18 Entered 02/12/18 16:20:58 Desc Main Document Page 53 of 53

Tornnetta N. Walker Debtor 1 Case number (If known) Middle Name Last Name **List Your Unexpired Personal Property Leases** Part 24 For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: WPD Management M No ☐ Yes Description of leased Apartment Rental property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No Description of leased Yes property: Lessor's name ☐ No Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No U Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 2 MM / DD / YYYY